Fill in this information to identify your case:						
United States Bankruptcy Court for the: SOUTHERN DISTRICT OF IOWA		_				
Case number (if known):	Cha	apter you are filing under: Chapter 7 Chapter 11 Chapter 12 Chapter 13				

Check if this is an amended filing

## Official Form 101

# **Voluntary Petition for Individuals Filing for Bankruptcy**

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together--called a joint case--and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses Debtor 1 and Debtor 2 to distinguish between them. In joint cases, one of the spouses must report information as Debtor 1 and the other as Debtor 2. The same person must be Debtor 1 in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1:	Identify	Yourself
I GIL II	IGCIICII	

		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
1.	Your full name		
	Write the name that is on your	Andrea	
	government-issued picture	First Name	First Name
	identification (for example, your driver's license or	Nicole	
	passport).	Middle Name	Middle Name
	, ,	Johnson	
	Bring your picture identification to your meeting	Last Name	Last Name
	with the trustee.	Suffix (Sr., Jr., II, III)	Suffix (Sr., Jr., II, III)
2.	All other names you	Andrea	
	have used in the last 8 years	First Name	First Name
	Include vous massied as	Middle Name	Middle Name
	Include your married or maiden names.	Marteny	
	maiden names.	Last Name	Last Name
3.	Only the last 4 digits of		
J.	your Social Security	xxx - xx - <u>6</u> <u>1</u> <u>3</u> <u>9</u>	xxx - xx
	number or federal Individual Taxpayer	OR	OR
	Identification number	9xx - xx -	9xx - xx -

(ITIN)

Debtor 1 Andrea Nicole Joh		Nicole Johns	<b>son</b> Ca			Case number (if known)			
			About Debtor 1:			Abo	out Debtor 2 (Spe	ouse Only in	a Joint Case):
4.	Any business names and Employer		✓ I have not used	I any business name	s or EINs.	. 🔲	I have not used	any busines	s names or EINs.
	Identification Num (EIN) you have us the last 8 years		Business name			Busin	ness name		
	Include trade nam	es and	Business name			Busir	ness name		
	doing business as	names	Business name			Busir	ness name		
						<del></del>			
			EIN -			EIN	_		
_	M/leane very live		EIN			EIN			
5.	Where you live		400 4045 0455 4			IT DE	ebtor 2 lives at a	i different ac	iaress:
			108 10th Street  Number Street			Num	ber Street		
			West Des Moines						
			City <b>Polk</b>	State ZIP Co	ode	City		State	ZIP Code
			County			Cour	nty		
		If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.			If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to you at this mailing address.				
			Number Street			Num	ber Street		
			P.O. Box			P.O.	Вох		
			City	State ZIP Co	ode	City		State	ZIP Code
6.	Why you are cho	-	Check one:			Che	ck one:		
	this district to file bankruptcy	e for		80 days before filing lived in this district lo er district.			Over the last 18 petition, I have I than in any other	lived in this d	-
			I have another (See 28 U.S.C.	reason. Explain. § 1408.)			I have another r (See 28 U.S.C.		ain.
P	Part 2: Tell th	e Court Abo	out Your Bankrup	tcy Case					
7.	The chapter of the	e you	Check one: (For a brid for Bankruptcy (Form	•				- ,	-
	are choosing to f under	II <del>U</del>	Chapter 7						
			Chapter 11						
			Chapter 12						
			Chapter 13						

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Debtor 1 **Andrea Nicole Johnson** Case number (if known) I will pay the entire fee when I file my petition. Please check with the clerk's office in your local How you will pay the fee court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address. I need to pay the fee in installments. If you choose this option, sign and attach the Application for Individuals to Pay The Filing Fee in Installments (Official Form 103A). I request that my fee be waived (You may request this option only if you are filing for Chapter 7. By law, a judge may, but is not required to, waive your fee, and may do so only if your income is less than 150% of the official poverty line that applies to your family size and you are unable to pay the fee in installments). If you choose this option, you must fill out the Application to Have the Chapter 7 Filing Fee Waived (Official Form 103B) and file it with your petition. Have you filed for  $\mathbf{\Lambda}$ No bankruptcy within the ☐ Yes. last 8 years? When \_\_\_\_ Case number \_\_\_\_ District When Case number MM / DD / YYYYY When Case number \_\_\_\_ District MM / DD / YYYY 10. Are any bankruptcy No  $\overline{\mathbf{A}}$ cases pending or being Yes. filed by a spouse who is not filing this case with \_\_\_\_\_ Relationship to you \_\_\_\_\_ Debtor you, or by a business Case number, \_\_\_\_ partner, or by an When District affiliate? MM / DD / YYYY if known Relationship to you Debtor \_\_\_\_\_ Case number, \_\_\_\_ When District MM / DD / YYYY if known 11. Do you rent your No. Go to line 12.  $\mathbf{M}$ residence? Yes. Has your landlord obtained an eviction judgment against you? No. Go to line 12. Yes. Fill out Initial Statement About an Eviction Judgment Against You (Form 101A)

and file it as part of this bankruptcy petition.

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Deb	tor 1 Andrea Nicole John	son			Case number	er (if known) _		
Pa	art 3: Report About Ar	ıy Bı	usine	sses You Own as	a Sole Proprietor			
12.	Are you a sole proprietor of any full- or part-time business?			Go to Part 4. Name and location of b	usiness			
	A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or			Name of business, if any  Number Street				
	LLC.  If you have more than one sole proprietorship, use a separate sheet and attach it to this petition.				box to describe your busine		ZIP C	ode
				Stockbroker (as o	al Estate (as defined in 11 U.S.defined in 11 U.S.C. § 101(53) der (as defined in 11 U.S.C. § de	3A))	3))	
13.	3. Are you filing under Chapter 11 of the Bankruptcy Code and are you a <i>small business</i>		set ap st rece	propriate deadlines. If nt balance sheet, staten	the court must know whethe you indicate that you are a si nent of operations, cash-flow ot exist, follow the procedure	mall business of statement, an	debtor, you d federal ir	ı must attach your ncome tax return
	debtor?	$   \sqrt{} $	No.	I am not filing under C	hapter 11.			
	For a definition of small business debtor, see		No.	I am filing under Chap the Bankruptcy Code.	ter 11, but I am NOT a small	business debt	or accordi	ng to the definition in
	11 U.S.C. § 101(51D).		Yes.	I am filing under Chap Bankruptcy Code.	ter 11 and I am a small busir	ness debtor ac	cording to	the definition in the
P	Report If You Ov	vn o	r Hav	e Any Hazardous I	Property or Any Prope	erty That Ne	eds Imn	nediate Attention
14.	Do you own or have any property that poses or is alleged to pose a threat of imminent and identifiable		No Yes.	What is the hazard?				
	hazard to public health or safety? Or do you own any property that needs immediate attention?			If immediate attention	is needed, why is it needed?	•		
	For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?			Where is the property	Number Street			
					City		State	ZIP Code
					- /			

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Debtor 1 Andrea Nicole Johnson Case number (if known) Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling 15. Tell the court About Debtor 1: About Debtor 2 (Spouse Only in a Joint Case): whether you You must check one: You must check one: have received a ☐ I received a briefing from an approved credit I received a briefing from an approved credit briefing about counseling agency within the 180 days before I counseling agency within the 180 days before I credit filed this bankruptcy petition, and I received a filed this bankruptcy petition, and I received a counseling. certificate of completion. certificate of completion. Attach a copy of the certificate and the payment Attach a copy of the certificate and the payment The law requires plan, if any, that you developed with the agency. plan, if any, that you developed with the agency. that you receive a ☐ I received a briefing from an approved credit □ I received a briefing from an approved credit briefing about credit counseling agency within the 180 days before I counseling agency within the 180 days before I counseling before filed this bankruptcy petition, but I do not have filed this bankruptcy petition, but I do not have you file for a certificate of completion. a certificate of completion. bankruptcy. You must truthfully Within 14 days after you file this bankruptcy petition, Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment you MUST file a copy of the certificate and payment check one of the plan, if any. plan, if any. following choices. If you cannot do so, ☐ I certify that I asked for credit counseling ☐ I certify that I asked for credit counseling you are not eligible services from an approved agency, but was services from an approved agency, but was to file. unable to obtain those services during the 7 unable to obtain those services during the 7 days after I made my request, and exigent days after I made my request, and exigent If you file anyway, circumstances merit a 30-day temporary circumstances merit a 30-day temporary the court can waiver of the requirement. waiver of the requirement. dismiss your case, To ask for a 30-day temporary waiver of the To ask for a 30-day temporary waiver of the you will lose requirement, attach a separate sheet explaining what requirement, attach a separate sheet explaining what whatever filing fee efforts you made to obtain the briefing, why you efforts you made to obtain the briefing, why you you paid, and your were unable to obtain it before you filed for were unable to obtain it before you filed for creditors can begin bankruptcy, and what exigent circumstances bankruptcy, and what exigent circumstances collection activities required you to file this case. required you to file this case. again. Your case may be dismissed if the court is Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, You must file a certificate from the approved agency, along with a copy of the payment plan you along with a copy of the payment plan you developed, if any. If you do not do so, your case developed, if any. If you do not do so, your case may be dismissed. may be dismissed. Any extension of the 30-day deadline is granted only Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days. for cause and is limited to a maximum of 15 days. ☐ I am not required to receive a briefing about ☐ I am not required to receive a briefing about credit counseling because of: credit counseling because of: ☐ Incapacity. I have a mental illness or a mental ☐ Incapacity. I have a mental illness or a mental deficiency that makes me deficiency that makes me incapable of realizing or making incapable of realizing or making rational decisions about finances. rational decisions about finances. □ Disability. My physical disability causes me □ Disability. My physical disability causes me to be unable to participate in a to be unable to participate in a briefing in person, by phone, or briefing in person, by phone, or

through the internet, even after I

duty in a military combat zone.

reasonably tried to do so.

Active duty. I am currently on active military

If you believe you are not required to receive a

briefing about credit counseling, you must file a

motion for waiver of credit counseling with the court.

through the internet, even after I

duty in a military combat zone.

reasonably tried to do so.

Active duty. I am currently on active military

If you believe you are not required to receive a

briefing about credit counseling, you must file a

motion for waiver of credit counseling with the court.

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Debtor 1 **Andrea Nicole Johnson** Case number (if known) Part 6: **Answer These Questions for Reporting Purposes** 16. What kind of debts do you 16a. Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) have? as "incurred by an individual primarily for a personal, family, or household purpose." No. Go to line 16b. Yes. Go to line 17.  $\overline{\mathbf{Q}}$ 16b. Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment. No. Go to line 16c. Yes. Go to line 17. State the type of debts you owe that are not consumer or business debts. 17. Are you filing under Chapter 7? I am not filing under Chapter 7. Go to line 18. No. Yes. I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and Do you estimate that after any exempt property is administrative expenses are paid that funds will be available to distribute to unsecured creditors? excluded and **✓** No administrative expenses are paid that funds will be ☐ Yes available for distribution to unsecured creditors? 18. How many creditors do 1-49 1,000-5,000 25,001-50,000 you estimate that you 50-99 5,001-10,000 50,001-100,000 owe? 100-199 10,001-25,000 More than 100,000 200-999 19. How much do you \$0-\$50,000 \$1,000,001-\$10 million \$500,000,001-\$1 billion  $\mathbf{\Lambda}$ П estimate your assets to \$50,001-\$100,000 \$10,000,001-\$50 million \$1,000,000,001-\$10 billion be worth? \$100,001-\$500,000 П \$50,000,001-\$100 million \$10,000,000,001-\$50 billion \$500,001-\$1 million \$100,000,001-\$500 million П More than \$50 billion 20. How much do you \$0-\$50,000 \$1,000,001-\$10 million \$500,000,001-\$1 billion 

П

\$10,000,001-\$50 million

\$50,000,001-\$100 million

\$100,000,001-\$500 million

\$50,001-\$100,000

\$100,001-\$500,000

\$500,001-\$1 million

 $\square$ 

П

estimate your liabilities to

be?

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\$1,000,000,001-\$10 billion

\$10,000,000,001-\$50 billion

More than \$50 billion

П

П

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Debtor 1	Andrea Nicole Johnson		Case number (if known)		
Part 7:	Sign Below				
For you		I have examined this petition, and I declarand correct.	are under penalty of perjury that the information provided is true		
		If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11, 12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7.			
		If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).			
		I request relief in accordance with the ch	napter of title 11, United States Code, specified in this petition.		
		g .	concealing property, or obtaining money or property by fraud in result in fines up to \$250,000, or imprisonment for up to 20 years, and 3571.		
		X /s/ Andrea Nicole Johnson Andrea Nicole Johnson, Debtor 1	X Signature of Debtor 2		
		Executed on <u>09/05/2018</u> MM / DD / YYYY	Executed on		

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Debtor 1	Andrea Nicole Jo	hnson	Case number (if know	n)		
represente	not represented by y, you do not need	I, the attorney for the debtor(s) named in this eligibility to proceed under Chapter 7, 11, 12, relief available under each chapter for which the debtor(s) the notice required by 11 U.S.C. certify that I have no knowledge after an inqui is incorrect.	or 13 of title 11, United Sta the person is eligible. I also § 342(b) and, in a case in	States Code, and have explained the also certify that I have delivered to in which § 707(b)(4)(D) applies,		
		X /s/ Robert C. Gainer Signature of Attorney for Debtor	Date	09/05/2018 MM / DD / YYYY		
		Robert C. Gainer				
		Printed name				
		Cutler Law Firm				
		Firm Name				
		1307 50th St.				
		Number Street				
		West DSM	<u>IA</u>	50266		
		City	State	ZIP Code		
		Contact phone (515) 223-6600	Email address <b>rgaine</b>	r@cutlerfirm.com		
		IS8884971				
		Bar number	State	_		

Fill in this i	nformation to i	dentify your case	and this filing:		
Debtor 1	Andrea	Nicole	Johnson		
	First Name	Middle Name	Last Name		
Debtor 2					
(Spouse, if filin	ng) First Name	Middle Name	Last Name		
United States I	Bankruptcy Court fo	or the: <b>SOUTHERN D</b>	ISTRICT OF IOWA		
Case number				☐ Chock	if this is an
(if known)					ded filing
Official For					
Schedule A	A/B: Propert	у			12/15
sheet to this for	rm. On the top of a	any additional pages,	ing correct information. If monwrite your name and case num ng, Land, or Other Real E	nber (if known). Answer eve	ery question.
^		il or equitable interes	t in any residence, building, lar	id, or similar property?	
LE L	o to Part 2. Where is the proper	ty?			
2. Add the do	ollar value of the po	ortion you own for all	of your entries from Part 1, inc	luding any	<b>*</b> 0.00
entries for	pages you have a	ttached for Part 1. Wi	ite that number here	→	\$0.00
Part 2:	Describe Your \	/ehicles			
- GITC 21		01110100			
-		•	n any vehicles, whether they ar	_	
you own that sor	neone else drives.	If you lease a vehicle,	also report it on Schedule G: Exe	ecutory Contracts and Unexpi	red Leases.
3. Cars, vans	, trucks, tractors,	sport utility vehicles,	motorcycles		
□ No					
☐ Yes					
3.1.		Who has	an interest in the property?	Do not deduct secured clai	ims or exemptions. Put the
Make:	Ford	Check on	• • •	amount of any secured cla	
Model:	Escape	Debto	or 1 only	Creditors Who Have Claim	s Secured by Property.
Year:	2011		or 2 only	Current value of the	Current value of the
Approximate mil	eage:		or 1 and Debtor 2 only est one of the debtors and anothe	entire property?	portion you own?
Other informatio		Liea	ist one of the deptors and anothe	\$3,064.00	\$3,064.00
2011 Ford Esc	cape		k if this is community property nstructions)		
3.2.		` `	an interest in the property?	Do not deduct secured clai	ims or exemptions. Put the
Make:	Chevy	Check on		amount of any secured cla	ims on Schedule D:
Model:	Captiva		or 1 only	Creditors Who Have Claim	
Year:	2015		or 2 only or 1 and Debtor 2 only	Current value of the entire property?	Current value of the portion you own?
Approximate mil	eage:		st one of the debtors and anothe		\$12,429.00
Other informatio	n:	ب			
2015 Chevy C	antiva	☐ Chec	k if this is community property		

(see instructions)

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Deb	otor 1	Andrea Nicole Johnson Case number (if known)	
4.	<i>Exampl</i> ✓ No	raft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessorie es: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories	s
5.	☐ Yes	e dollar value of the portion you own for all of your entries from Part 2, including any	
		for pages you have attached for Part 2. Write that number here	. → \$15,493.00
Р	art 3:	Describe Your Personal and Household Items	
Do	you own	or have any legal or equitable interest in any of the following items?	Current value of the portion you own? Do not deduct secured claims or exemptions.
6.		nold goods and furnishings	
	Exampl	es: Major appliances, furniture, linens, china, kitchenware	
		s. Describe Household goods including mattresses, beds, furniture, etc.	\$600.00
7.	Electro		
	Exampl	es: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games	
	<b>☑</b> No		
	☐ Yes	s. Describe	
8.		<ul><li>ibles of value</li><li>es: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles</li></ul>	
	✓ No ☐ Yes	s. Describe	
9.		nent for sports and hobbies es: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments	
	✓ No ☐ Yes	s. Describe	
10.		ns es: Pistols, rifles, shotguns, ammunition, and related equipment	
	_	s. Describe	
11.		es: Everyday clothes, furs, leather coats, designer wear, shoes, accessories	
	✓ Yes	s. Describe Clothing	\$200.00
12.	Jewelry Exampl	<ul> <li>es: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, g gold, silver</li> </ul>	ems,
	☐ No ✓ Yes	s. Describe Wedding ring & band	\$3,000.00
13.	Exampl	rm animals es: Dogs, cats, birds, horses	
	□ No ✓ Yes	s. Describe Purebreed German Shepard and 2 other dogs.	\$100.00

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Deb	tor 1	Andrea Nicole Joh	inson	Case	number (if known)	
14.	did not	tlist	sehold items you	did not already list, including any heal	th aids you	
		s. Give specific ormation				
15.				n Part 3, including any entries for pages		\$3,900.00
Pa	art 4:	Describe Your	Financial Asse	ets		
		n or have any legal or	equitable interest	t in any of the following?		Current value of the portion you own? Do not deduct secured claims or exemptions.
16.	Cash Examp	les: Money you have in petition	n your wallet, in you	ur home, in a safe deposit box, and on ha	and when you file your	
	□ No ✓ Yes				Cash:	\$40.00
17.			, and other similar	accounts; certificates of deposit; shares institutions. If you have multiple account		
	□ No ☑ Yes	S	Institution	name:		
	17	7.1. Checking accou	nt: Bank of	America Checking Account		\$175.93
	17	7.2. Savings account	: Bank of	American Savings Account		\$0.00
18.		, mutual funds, or publes: Bond funds, inves		ks th brokerage firms, money market accoun	ıts	
	✓ No ☐ Yes	s lr	nstitution or issuer	name:		
19.	•	ublicly traded stock a		corporated and unincorporated busines	sses, including	
	info	s. Give specific ormation about	lome of ontitue		% of oursorphin	
20.	Govern Negotia	nment and corporate I	e personal checks	negotiable and non-negotiable instrume , cashiers' checks, promissory notes, and of transfer to someone by signing or delive	money orders.	
	info	s. Give specific ormation about	ssuer name:			
21.		ment or pension acco les: Interests in IRA, E profit-sharing plan	RISA, Keogh, 401	(k), 403(b), thrift savings accounts, or oth	er pension or	
	ب	s. List each				
	acc		oe of account:	Institution name:		40.000.00
		40	ı(k) or sımılar plan:	401(k) Fidelity via UHC		\$9,000.00

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Deb	tor 1 Andrea Nicole Johnson	Case number (if known)	
22.	Security deposits and prepayments Your share of all unused deposits you have made so that you m Examples: Agreements with landlords, prepaid rent, public utilit companies, or others	•	
	✓ No  ☐ YesInstitution name	or individual:	
23	Annuities (A contract for a specific periodic payment of money		
	<b>☑</b> No	, to you, other for me or for a name of or yours,	
	Yes Issuer name and description:		
24.	Interests in an education IRA, in an account in a qualified Al 26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1).	BLE program, or under a qualified state tuition pro	gram.
	✓ No  ✓ Yes Institution name and description. S	Separately file the records of any interests. 11 U.S.C.	§ 521(c)
25.	Trusts, equitable or future interests in property (other than a powers exercisable for your benefit		
	✓ No  Yes. Give specific information about them		
26.	Patents, copyrights, trademarks, trade secrets, and other in <i>Examples</i> : Internet domain names, websites, proceeds from ro		
	✓ No ☐ Yes. Give specific information about them		
27.	Licenses, franchises, and other general intangibles  Examples: Building permits, exclusive licenses, cooperative as  ☑ No ☐ Yes. Give specific	sociation holdings, liquor licenses, professional licens	es
	Yes. Give specific information about them	-	
Mon	ney or property owed to you?		Current value of the portion you own? Do not deduct secured claims or exemptions.
28.	Tax refunds owed to you		
	<b>☑</b> No		
	Yes. Give specific information	Federal:	
	about them, including whether you already filed the returns	State:	
	and the tax years	Local:	
29.	Family support  Examples: Past due or lump sum alimony, spousal support, chi	ild support, maintenance, divorce settlement, property	settlement
	✓ No  Yes. Give specific information	Alimony:	
		Maintenance:	
		Support:	
		Divorce settlement:	
		Property settlement:	

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Deb	tor 1 Andrea Nicole Johnson	Case number (if known)	
30.	Other amounts someone owes you  Examples: Unpaid wages, disability insurance payments, disability compensation, Social Security benefits; unpaid loans		
	<ul><li>✓ No</li><li>✓ Yes. Give specific information</li></ul>	•	
31.	Interests in insurance policies  Examples: Health, disability, or life insurance; health savings acc	count (HSA); credit, homeowner's, or renter's ins	urance
	<ul> <li>No</li> <li>✓ Yes. Name the insurance company of each policy and list its value</li> <li>Company name:</li> </ul>	Beneficiary:	Surrender or refund value:
	Term Life Insurance throug	gh UHC	\$0.00
32.	Any interest in property that is due you from someone who had a living trust, expect proceeds from a entitled to receive property because someone has died		
	<ul><li>✓ No</li><li>✓ Yes. Give specific information</li></ul>		
33.	Claims against third parties, whether or not you have filed a land Examples: Accidents, employment disputes, insurance claims, or		
	✓ No ☐ Yes. Describe each claim		
34.	Other contingent and unliquidated claims of every nature, incrights to set off claims	luding counterclaims of the debtor and	
	<ul><li>✓ No</li><li>✓ Yes. Describe each claim</li></ul>		
35.	Any financial assets you did not already list		
	<ul><li>No</li><li>✓ Yes. Give specific information Accrued Wages</li></ul>		Unknown
36.	Add the dollar value of all of your entries from Part 4, includir attached for Part 4. Write that number here		\$9,215.93
Pa	art 5: Describe Any Business-Related Property Yo	u Own or Have an Interest In. List a	ny real estate in Part 1.
37.	Do you own or have any legal or equitable interest in any bus	iness-related property?	
	✓ No. Go to Part 6.  ✓ Yes. Go to line 38.		
			Current value of the portion you own? Do not deduct secured claims or exemptions.
38.	Accounts receivable or commissions you already earned		•
	<ul><li>✓ No</li><li>✓ Yes. Describe</li></ul>		
39.	Office equipment, furnishings, and supplies  Examples: Business-related computers, software, modems, print desks, chairs, electronic devices	ers, copiers, fax machines, rugs, telephones,	
	✓ No ☐ Yes. Describe		

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Deb	tor 1	Andrea Nicole Johnson	Case number (if known)	
40.	Machin	ery, fixtures, equipment, supplies you use in business, and tools o	of your trade	
	✓ No ☐ Yes	Describe		
41.	Invento	у		
	✓ No ☐ Yes	. Describe		
42.	Interest	s in partnerships or joint ventures		
	✓ No ☐ Yes	Describe Name of entity:	% of ownership:	
43.	Custom	er lists, mailing lists, or other compilations		
	✓ No ☐ Yes	Do your lists include personally identifiable information (as defined by No Yes. Describe	ned in 11 U.S.C. § 101(41A))?	
44.	Any bu	siness-related property you did not already list		
	✓ No ☐ Yes	Give specific information.		
45.		dollar value of all of your entries from Part 5, including any entried for Part 5. Write that number here		\$0.00
Pa		Describe Any Farm- and Commercial Fishing-Related I fyou own or have an interest in farmland, list it in Part 1.		n Interest In.
46.		own or have any legal or equitable interest in any farm- or comme	rcial fishing-related property?	
		Go to Part 7.  Go to line 47.		
				Current value of the portion you own? Do not deduct secured claims or exemptions.
47.	Farm a	nimals es: Livestock, poultry, farm-raised fish		·
	✓ No  Yes			
48.	Crops	either growing or harvested		
		. Give specific mation		
49.	Farm a	d fishing equipment, implements, machinery, fixtures, and tools o	f trade	
	✓ No ☐ Yes			
50.	Farm a			
		d fishing supplies, chemicals, and feed		

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Deb	tor 1 Andrea Nicole Johnson	Case nu	ımber (if known)		
51.	Any farm- and commercial fishing-related property you did no  ✓ No  ✓ Yes. Give specific information	ot already list			
52.	Add the dollar value of all of your entries from Part 6, includin attached for Part 6. Write that number here		_		\$0.00
Pa	art 7: Describe All Property You Own or Have an Ir	nterest in That You D	oid Not List Above	9	
53.	Do you have other property of any kind you did not already list Examples: Season tickets, country club membership	st?			
	<ul><li>✓ No</li><li>☐ Yes. Give specific information.</li></ul>				
54.	Add the dollar value of all of your entries from Part 7. Write the	nat number here	→		\$0.00
Pa	art 8: List the Totals of Each Part of this Form				
55.	Part 1: Total real estate, line 2		→		\$0.00
56.	Part 2: Total vehicles, line 5	\$15,493.00			
57.	Part 3: Total personal and household items, line 15	\$3,900.00			
58.	Part 4: Total financial assets, line 36	\$9,215.93			
59.	Part 5: Total business-related property, line 45	\$0.00			
60.	Part 6: Total farm- and fishing-related property, line 52	\$0.00			
61.	Part 7: Total other property not listed, line 54	+\$0.00			
62.	Total personal property. Add lines 56 through 61	\$28,608.93	Copy personal property total	+	\$28,608.93
63.	Total of all property on Schedule A/B. Add line 55 + line 62				\$28,608.93

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Fill in this in	formation to i	dentify your	case:				
Debtor 1	Andrea	Nicole	Johnson				
Debtor 2	First Name	Middle Nam	e Last Name				
(Spouse, if filing		Middle Nam					
United States Ba	ankruptcy Court fo	r the: <b>SOUTHE</b>	RN DISTRICT OF I	OW.	<u> </u>	_	f this is an
Case number (if known)					-	amendo	ed filing
Official Forn	n 106C						
Schedule C	: The Prope	erty You C	laim as Exemp	ot			04/16
Using the property space is needed,	y you listed on <i>Sci</i>	nedule A/B: Prop to this page as n	perty (Official Form 10	6A/B	) as your source, list t	ne property that you	ying correct information. claim as exempt. If more f any additional pages,
is to state a spec exempted up to t receive certain b exemption of 100	cific dollar amoun the amount of any enefits, and tax-e 0% of fair market	t as exempt. A	rou must specify the a Iternatively, you may tutory limit. Some ex ant fundsmay be unl aw that limits the exe our exemption would	clai cemp imite mpti	m the full fair market otionssuch as those ed in dollar amount. on to a particular do	value of the proper for health aids, rig However, if you cla llar amount and the	ty being hts to im an value of the
Part 1: Ide	entify the Pro	perty You Cla	aim as Exempt				
1. Which set of	f exemptions are	you claiming?	Check one only,	even	if your spouse is filing	g with you.	
			nkruptcy exemptions. U.S.C. § 522(b)(2)	11 U	.S.C. § 522(b)(3)		
2. For any prop	perty you list on a	Schedule A/B th	nat you claim as exer	npt,	fill in the information	below.	
•	of the property a at lists this prope		Current value of the portion you own		ount of the emption you claim	Specific laws that	at allow exemption
			Copy the value from Schedule A/B		eck only one box for th exemption		
Brief description:			\$3,064.00	П		Iowa Code § 62	27.6(9)
2011 Ford Esca	ape			$\overline{\mathbf{A}}$	100% of fair market		
Line from Schedu	le A/B: 3.1				value, up to any applicable statutory limit		
Brief description:			\$600.00			Iowa Code § 62	27.6(5)
	ods including m	attresses,		$\overline{\mathbf{A}}$	100% of fair market		
Line from Schedu	•				value, up to any applicable statutory limit		
-	•	-	more than \$160,375° years after that for cas		led on or after the dat	e of adjustment.)	
✓ No ☐ Yes. Di ☐ No ☐ Ye	)	property covered	d by the exemption wit	hin 1	,215 days before you	filed this case?	

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Andrea Nicole Johnson		Case number	er (if known)
Part 2: Additional Page			
Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption
	Copy the value from Schedule A/B	Check only one box for each exemption	
Brief description: <b>Clothing</b>	\$200.00	<b>\$200.00</b>	lowa Code § 627.6(5)
Line from Schedule A/B:11		value, up to any applicable statutory limit	
Brief description: Wedding ring & band	\$3,000.00	☐	lowa Code § 627.6(1)(a)
Line from Schedule A/B:		value, up to any applicable statutory limit	
Brief description: Cash On-Hand	\$40.00	☐	lowa Code § 627.6(14)
Line from Schedule A/B:16		value, up to any applicable statutory limit	
Brief description: Bank of America Checking Account	\$175.93	☐	lowa Code § 627.6(14)
Line from Schedule A/B: 17.1		value, up to any applicable statutory limit	
Brief description: Bank of American Savings Account	\$0.00	☐	lowa Code § 627.6(14)
Line from Schedule A/B: 17.2		value, up to any applicable statutory limit	
Brief description: 401(k) Fidelity via UHC	\$9,000.00	☐	lowa Code § 627.6(8)(f)
Line from Schedule A/B: 21		value, up to any applicable statutory limit	
Brief description: Term Life Insurance through UHC	\$0.00	☐	lowa Code § 627.6(6)
Line from Schedule A/B: 31		value, up to any applicable statutory limit	
Brief description: Accrued Wages	Unknown	☐	lowa Code § 627.6(10)
(1st exemption claimed for this asset) Line from Schedule A/B:		value, up to any applicable statutory limit	
Brief description: Accrued Wages	Unknown	100% of fair market	lowa Code § 627.6(14)
(2nd exemption claimed for this asset)  Line from Schedule A/B:35		value, up to any applicable statutory limit	

Add the dollar value of your entries in Column A on this page. Write that number here:

At least one of the debtors and another

Check if this claim relates to a community debt

Date debt was incurred

\$12,799.00

Judgment lien from a lawsuit

Last 4 digits of account number

Other (including a right to offset)

 $\sqrt{\phantom{a}}$ 

Car Loan

Andrea Nicole Johnson		Case number (if known)			
Part 1: Additional Page After listing any entries on sequentially from the prev		Column A  Amount of claim  Do not deduct the value of collateral	Column B Value of collateral that supports this claim	Column C Unsecured portion If any	
Capital One Auto Fin Creditor's name 3905 N Dallas Pkwy Number Street	Describe the property that secures the claim: - 2011 Ford Escape	\$6,629.00	\$3,064.00	\$3,565.00	
Plano TX 75093 City State ZIP Code  Who owes the debt? Check one.  □ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only ☑ At least one of the debtors and another □ Check if this claim relates to a community debt	As of the date you file, the claim is: Contingent Unliquidated Disputed Nature of lien. Check all that apply. An agreement you made (such as Statutory lien (such as tax lien, m Judgment lien from a lawsuit Other (including a right to offset) Car Loan	s mortgage or secured	car loan)		
Date debt was incurred	Last 4 digits of account number				

Add the dollar value of your entries in Column A on this page. Write that number here:

\$6,629.00

If this is the last page of your form, add the dollar value totals from all pages. Write that number here:

\$19,428.00

claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If more space is needed for priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.  (For an explanation of each type of claim, see the instructions for this form in the instruction booklet.  Total claim Priority amount Nonpriority amount Priority amount Stock and Indicate Priority Creditor's Name  Very Street  As of the date you file, the claim is: Check all that apply.  Contingent Unliquidated Disputed  Who incurred the debt? Check one.  Debtor 1 only Debtor 2 only Check if this claim is for a community debt is the claim subject to offset?  None No Priority University Indicated Other. Specify Indicated Claims is to claim subject to offset?				200amone rago 20 o			
First Name Middle Name Last Name  Debtor 2 (Spouse, if filing) First Name Middle Name Last Name  United States Bankruptcy Court for the: SOUTHERN DISTRICT OF IOWA  Case number (if known)  Official Form 106E/F  Schedule E/F: Creditors Who Have Unsecured Claims  Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts on Schedule 67: Property (Official Form 106A/B) and or unsxpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and or Schedule 67: Executory Contracts and Unexpired Leases (Official Form 106A) on or include any creditors with partially secured claims that are listed in Schedule 5: Creditors Who Hold Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (if known).  Part 1: List All of Your PRIORITY Unsecured Claims  1. Do any creditors have priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, has much as possible, list the claims in aphabetical order according to the creditor's name. If more space is needed for priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.  (For an explanation of each type of claim, see the instructions for this form in the instruction booklet.  Total claim play the creditor priority amounts. As much as possible, list the claim is in a playbeted order according to the creditor's name. If more than one creditor holds a particular claim, list the other creditors in Part 3.  (For an explanation of each type o	Fill in this inf	ormation	to identify your o	case:			
Debtor 2 (Spouse, if filing) First Name Middle Name Last Name United States Bankruptcy Court for the: SOUTHERN DISTRICT OF IOWA Case number (if known)  Official Form 106E/F  Schedule E/F: Creditors Who Have Unsecured Claims  12/15  Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule APP. Property (official Form 1686). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Hold Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, mumber the entries in the boxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (if known).  Part 1: List All of Your PRIORITY Unsecured Claims  1. Do any creditors have priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim has both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If more space is needed for priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.  (For an explanation of each type of claim, see the instructions for this form in the instruction booklet.  Total claim  Priority Nonpriority Nonpriority Nonpriority amounts.  As of the date you file, the claim is: Check all that apply.  Contingent Unliquidated Cont	Debtor 1						
Case number (if known)		First Name	Middle Name	Last Name			
Case number (if known)    Check if this is an amended filing		First Name	Middle Name	Last Name			
Case number (if known)    Check if this is an amended filing	United States Bar	nkruntov Cou	urt for the: SOUTHER	RN DISTRICT OF IOWA			
Official Form 106E/F  Schedule E/F: Creditors Who Have Unsecured Claims  12/15  Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule ABP: Property (Official Form 106ABP) and on Schedule ABP: Property (Official Form 106ABP) and on Schedule Sci Executory Contracts and Unexpired Leases (Official Form 106C). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Hold Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (if known).  Part 1: List All of Your PRIORITY Unsecured Claims  1. Do any creditors have priority unsecured claims against you?  No. Go to Part 2.  Yes.  2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts, list that claim here and show both priority and priority amounts, list that claim here and show both priority amounts, list that claim here and show both priority amounts, list that claim here and show both priority amount list that claim here and show both pri		mapley cou	<u></u>	M Diotikio i oi ionii			
Schedule E/F: Creditors Who Have Unsecured Claims   12/15		_					an
Schedule E/F: Creditors Who Have Unsecured Claims  12/15  Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A)B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106B). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who hold Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (if known).  Part 1: List All of Your PRIORITY Unsecured Claims  1. Do any creditors have priority unsecured claims against you?    No. Go to Part 2.     Yes.  2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, is that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If more space is needed for priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.  (For an explanation of each type of claim, see the instructions for this form in the instruction booklet.    Total claim   Priority   Nonpriority amount   Nonpriority   Nonpri	Official Form	106F/F			J	ŭ	
Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule AB: Property (Official Form 106A)B and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Hold Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (if known).  Part 1: List All of Your PRIORITY Unsecured Claims  1. Do any creditors have priority unsecured claims against you?    No. Go to Part 2.			tore Who Hay	a Uneacurad Claims			12/15
claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule Als: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and University of Leases (Official Form 106A). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Hold Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (if known).  Part 1: List All of Your PRIORITY Unsecured Claims  1. Do any creditors have priority unsecured claims against you?    No. Go to Part 2.   Yes.							
1. Do any creditors have priority unsecured claims against you?  No. Go to Part 2.  Yes.  2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If more space is needed for priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.  (For an explanation of each type of claim, see the instructions for this form in the instruction booklet.  Total claim Priority amount Nonpriority amount Priority amount Priority amount Priority Creditor's Name PO Box 7346  Number Street  As of the date you file, the claim is: Check all that apply.  Contingent Unliquidated Disputed  Clay  Who incurred the debt? Check one.  Debtor 1 only Debtor 1 only Debtor 1 and Debtor 2 only At least one of the debtors and another At least one of the debtors and another At least one of the debtors and another Clay No No No  No No  No No No No No No No No	Do not include any If more space is not to this page. On to	y creditors v leeded, copy the top of an	vith partially secured the Part you need, t y additional pages, v	d claims that are listed in Schedule fill it out, number the entries in the vrite your name and case number (	D: Creditors Who Ho boxes on the left. At	old Claims Secur	ed by Property.
No. Go to Part 2.  Yes.  2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If more space is needed for priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.  (For an explanation of each type of claim, see the instructions for this form in the instruction booklet.  Total claim Priority amount  2.1  State Claim Street  As of the date you file, the claim is: Check all that apply.  Contingent Unliquidated Disputed  Who incurred the debt? Check one.  Debtor 1 only Debtor 1 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 1 and Debtor 2 only Debtor 1 and Debtor 2 only Debtor 1 only Check if this claim is for a community debt Is the claim subject to offset?  No No Debtor 2 only Debtor 3 community debt Is the claim subject to offset?							
2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If more space is needed for priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.  (For an explanation of each type of claim, see the instructions for this form in the instruction booklet.  Total claim Priority amount  2.1  \$10,000.00 \$10,000.00 \$0.00  Internal Revenue Service  Priority Creditor's Name  PO Box 7346  When was the debt incurred?  As of the date you file, the claim is: Check all that apply.  Contingent Unliquidated Disputed  Who incurred the debt? Check one.  Debtor 1 only Debtor 1 only Debtor 1 and Debtor 2 only At least one of the debtors and another Internal Revenue Service At least one of the debtors and another Internal Revenue Service Internal Revenue Service  At least one of the debtors and another Internal Revenue Service Internal Revenue Service Internal Revenue Service  Takes and certain other debts you owe the government Claims for death or personal injury while you were intoxicated  Other. Specify  No	-	•	ority unsecured clar	ms agamst you:			
claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If more space is needed for priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.  (For an explanation of each type of claim, see the instructions for this form in the instruction booklet.  Total claim Priority amount  Nonpriority amount  \$10,000.00 \$10,000.00 \$0.00  Internal Revenue Service  Priority Creditor's Name  PO Box 73446  Number Street  As of the date you file, the claim is: Check all that apply.  Contingent Unliquidated Disputed  Philadelphia PA 19101-7346 City State ZIP Code  Who incurred the debt? Check one.  Debtor 1 only Debtor 2 only Type of PRIORITY unsecured claim: Debtor 2 only Debtor 1 and Debtor 2 only Taxes and certain other debts you owe the government Claims for death or personal injury while you were intoxicated  Other. Specify Is the claim subject to offset?	☑ Yes.						
2.1	claim. For ea show both pric more space is	ch claim liste ority and non s needed for p	d, identify what type or priority amounts. As r priority unsecured clai	of claim it is. If a claim has both prior much as possible, list the claims in al	ity and nonpriority amo phabetical order accor	ounts, list that clain ding to the credito	m here and or's name. If
As of the date you file, the claim is: Check all that apply.    Philadelphia   PA   19101-7346   Debtor 1 only   Debtor 2 only   Debtor 2 only   Debtor 1 and Debtor 2 only   At least one of the debtors and another   Check if this claim is for a community debt is the claim subject to offset?	(For an explar	nation of eacl	n type of claim, see th	e instructions for this form in the inst	ruction booklet.		
Internal Revenue Service  Priority Creditor's Name PO Box 7346  Number Street  As of the date you file, the claim is: Check all that apply.  Contingent Unliquidated Disputed  Type of PRIORITY unsecured claim: Debtor 1 only Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset?  No  Last 4 digits of account number  When was the debt incurred?  When was the debt incurred?  Unliquidated Disputed  Type of PRIORITY unsecured claim: Domestic support obligations Taxes and certain other debts you owe the government Claims for death or personal injury while you were intoxicated Other. Specify					Total claim	_	•
Internal Revenue Service Priority Creditor's Name PO Box 7346 Number Street  As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed  Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset?  I Last 4 digits of account number When was the debt incurred?  Men was the debt incurred?  As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed  Type of PRIORITY unsecured claim: Domestic support obligations Taxes and certain other debts you owe the government Claims for death or personal injury while you were intoxicated Other. Specify  No	2.1				\$10.000.00	\$10.000.00	\$0.00
Philadelphia PA 19101-7346 City State ZIP Code Who incurred the debt? Check one.  Debtor 1 only Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset?  No  When was the debt incurred?  As of the date you file, the claim is: Check all that apply.  Contingent Unliquidated Disputed  Type of PRIORITY unsecured claim:  Type of PRIORITY unsecured claim:  Claims for death or personal injury while you were intoxicated  Other. Specify				- Last 4 digits of account number			
As of the date you file, the claim is: Check all that apply.    Contingent		ie		<b>U</b>			
Philadelphia PA 19101-7346 City State ZIP Code  Who incurred the debt? Check one.  ✓ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim is for a community debt Is the claim subject to offset? ✓ No	Number Street			_	in Charle III that and		
Philadelphia PA 19101-7346 City State ZIP Code  Who incurred the debt? Check one.  ✓ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim is for a community debt Is the claim subject to offset? ✓ No				-	is: Check all that appl	ly.	
City State ZIP Code  Who incurred the debt? Check one.  ✓ Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset?  ✓ No	Philadelphia	PA	19101-7346	Unliquidated			
Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset?  ✓ No	City		e ZIP Code	<b>-</b>			
Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset?  No	- D. l. t	debt? Che	eck one.	••	nim:		
□ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim is for a community debt Is the claim subject to offset? □ No	Debtor 2 only			- 🖴	you owe the governme	ent	
☐ Check if this claim is for a community debt ☐ Check if this claim is for a community debt ☐ Other. Specify ☐ No			and another	Claims for death or personal ir	ijury while you were		
Is the claim subject to offset?  ☑ No	ш						
	_		•	<b>□</b> · · · · · · · · · · · · · · · · · · ·			
	✓ No Yes						

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Debtor 1	Andrea Nico	le Joh	nson	c	ase number (if known	ı)	
Part 1:	Your PRIC	DRITY	Unsecured C	laims Continuation Page			
After listin previous p	• •	this pa	age, number the	m sequentially from the	Total claim	Priority amount	Nonpriority amount
2.2	outmount of Do				\$1,000.00	\$1,000.00	\$0.00
Iowa Department of Revenue Priority Creditor's Name PO Box 10413 Number Street				<ul><li>Last 4 digits of account number</li><li>When was the debt incurred?</li></ul>		_	
Des Moin	nes	IA State	<b>50319</b> ZIP Code	<ul> <li>As of the date you file, the claim</li> <li>Contingent</li> <li>Unliquidated</li> <li>Disputed</li> </ul>	is: Check all that app	oly.	
Debtor Debtor Debtor At leas Check	,	ors and or a co	another	Type of PRIORITY unsecured cla  ☐ Domestic support obligations ☐ Taxes and certain other debts of Claims for death or personal in intoxicated ☐ Other. Specify	you owe the governm	ent	

Debtor 1	Andrea Nicole Johnson	Case number (if known)
Part 2:	List All of Your NONPRIORIT	Y Unsecured Claims
_	y creditors have nonpriority unsecured	
ш.	o. You nave nothing to report in this parties	Submit this form to the court with your other schedules.
If a cre type of	editor has more than one nonpriority unse claim it is. Do not list claims already inc	in the alphabetical order of the creditor who holds each claim. cured claim, list the creditor separately for each claim. For each claim listed, identify what cluded in Part 1. If more than one creditor holds a particular claim, list the other creditors in unsecured claims, fill out the Continuation Page of Part 2.
		Total claim
4.1	D	\$753.00
	ne Bank USA reditor's Name	Last 4 digits of account number
PO Box 30		When was the debt incurred?
Number	Street	As of the date you file, the claim is: Check all that apply.
		_
		☐ Unliquidated ☐ Disputed
Salt Lake		_ <b>_</b> _ '
City Who incurr	State ZIP Code red the debt? Check one.	Type of NONPRIORITY unsecured claim:
Debtor		☐ Student loans
☐ Debtor	•	Obligations arising out of a separation agreement or divorce that you did not report as priority claims
	1 and Debtor 2 only	Debts to pension or profit-sharing plans, and other similar debts
At least	one of the debtors and another	Other. Specify
☐ Check	if this claim is for a community debt	Credit Card
Is the claim	n subject to offset?	
<b>√</b> No		
☐ Yes		
4.2		\$10,856.00
Capital Or	ne Bank USA	Last 4 digits of account number
	editor's Name Dital One Drive	When was the debt incurred?
	Street	As of the date you file, the claim is: Check all that apply.
		_
		Unliquidated
Richmond	VA 23238	Disputed
City	State ZIP Code	Type of NONPRIORITY unsecured claim:
	red the debt? Check one.	☐ Student loans
☑ Debtor	,	Obligations arising out of a separation agreement or divorce
Debtor	2 only 1 and Debtor 2 only	that you did not report as priority claims
	one of the debtors and another	Debts to pension or profit-sharing plans, and other similar debts
ш	if this claim is for a community debt	
<b>-</b>	n subject to offset?	Oreun Garu
No No	. 555,550 to 511550.	
Yes		

Debtor 1 Andrea Nicole Johnson	Case number (if known)	
Part 2: Your NONPRIORITY Unsecu	red Claims Continuation Page	
After listing any entries on this page, number the previous page.	m sequentially from the	Total claim
4.3		\$1,305.00
Comenity Bank/MYPOINTSRWD	Last 4 digits of account number	
Nonpriority Creditor's Name PO Box 182120	When was the debt incurred?	
Number Street	As of the date you file, the claim is: Check all that apply.	
	_ Contingent	
	☐ Unliquidated ☐ ☐ Disputed	
Columbus OH 43218		
City State ZIP Code  Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim:	
Debtor 1 only	Student loans	
Debtor 2 only	<ul> <li>Obligations arising out of a separation agreement or divorce that you did not report as priority claims</li> </ul>	
Debtor 1 and Debtor 2 only	Debts to pension or profit-sharing plans, and other similar debts	
At least one of the debtors and another	✓ Other. Specify	
☐ Check if this claim is for a community debt	Credit Card	
Is the claim subject to offset?		
✓ No ☐ Yes		
4.4		\$1,359.00
Comenity Bank/VCTRSSEC	Last 4 digits of account number	<del></del>
Nonpriority Creditor's Name PO Box 182789	When was the debt incurred?	
Number Street	As of the date you file, the claim is: Check all that apply.	
	_ Contingent	
	Unliquidated	
Columbus OH 43218	─	
City State ZIP Code	Type of NONPRIORITY unsecured claim:	
Who incurred the debt? Check one.  Debtor 1 only	Student loans	
Debtor 2 only	<ul> <li>Obligations arising out of a separation agreement or divorce that you did not report as priority claims</li> </ul>	
Debtor 1 and Debtor 2 only	Debts to pension or profit-sharing plans, and other similar debts	
At least one of the debtors and another	Other. Specify	
☐ Check if this claim is for a community debt	Credit Card	
Is the claim subject to offset?		
☑ No □ Yes		
4.5		\$64.00
Credit Collection Service	Last 4 digits of account number	<u> </u>
Nonpriority Creditor's Name	When was the debt incurred?	
725 Canton Street  Number Street	As of the date you file, the claim is: Check all that apply.	
	_ Contingent	
	Unliquidated	
Norwood MA 02062	─	
City State ZIP Code	Type of NONPRIORITY unsecured claim:	
Who incurred the debt? Check one.  ☐ Debtor 1 only	Student loans	
Debtor 1 only  Debtor 2 only	Obligations arising out of a separation agreement or divorce	
Debtor 1 and Debtor 2 only	that you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar debts	
At least one of the debtors and another	Other. Specify	
☐ Check if this claim is for a community debt	Collecting for - Mediacom	
Is the claim subject to offset?		
☑ No □ Yes		

Debtor 1 Andrea Nicole Johnson	Case number (if known)	
Part 2: Your NONPRIORITY Unsect	ured Claims Continuation Page	
After listing any entries on this page, number th previous page.	nem sequentially from the	Total claim
4.6		\$846.00
Credit First N A	Last 4 digits of account number	
Nonpriority Creditor's Name	When was the debt incurred?	
Rumber Street	As of the date you file, the claim is: Check all that apply.	
	Contingent	
	☐ Unliquidated ☐ Disputed	
Brookpark OH 44142	— Disputed	
City State ZIP Code  Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim:	
Debtor 1 only	Student loans  Obligations grising out of a congretion agreement or diverse	
Debtor 2 only	<ul> <li>Obligations arising out of a separation agreement or divorce that you did not report as priority claims</li> </ul>	
Debtor 1 and Debtor 2 only	Debts to pension or profit-sharing plans, and other similar debts	
At least one of the debtors and another	Other. Specify	
Check if this claim is for a community debt	Credit Card	
Is the claim subject to offset?  ☑ No ☐ Yes		
4.7		\$1,328.00
Discover Fin Svcs LLC	Last 4 digits of account number	
Nonpriority Creditor's Name PO Box 15316	When was the debt incurred?	
Number Street	As of the date you file, the claim is: Check all that apply.	
	Contingent	
	☐ Unliquidated ☐ Disputed	
Wilmington DE 19850		
City State ZIP Code Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim:	
Debtor 1 only	☐ Student loans ☐ Obligations arising out of a separation agreement or divorce	
Debtor 2 only	that you did not report as priority claims	
Debtor 1 and Debtor 2 only  At least one of the debtors and another	Debts to pension or profit-sharing plans, and other similar debts	
Check if this claim is for a community debt	Other. Specify	
Is the claim subject to offset?	Credit Card	
✓ No  ✓ Yes		
4.8		\$400 000 00
Great Lakes Educational Loan Services	Last 4 digits of account number	\$100,000.00
Nonpriority Creditor's Name	When was the debt incurred?	
PO Box 7860 Number Street	As of the date you file, the claim is: Check all that apply.	
- Street	Contingent	
	Unliquidated	
Madison WI 53707-7860	──	
City State ZIP Code	Type of NONPRIORITY unsecured claim:	
Who incurred the debt? Check one.  Debtor 1 only	☑ Student loans	
Debtor 1 only  Debtor 2 only	Obligations arising out of a separation agreement or divorce	
Debtor 1 and Debtor 2 only	that you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar debts	
At least one of the debtors and another	Other. Specify	
☐ Check if this claim is for a community debt	<del>_</del>	
Is the claim subject to offset?		
✓ No Yes		

Debtor 1 Andrea Nicole Johnson	Case number (if known)	
Part 2: Your NONPRIORITY Uns	ecured Claims Continuation Page	
After listing any entries on this page, numbe previous page.	r them sequentially from the	Total claim
4.9		\$1,507.00
H & R Accounts, Inc.	Last 4 digits of account number	
Nonpriority Creditor's Name	When was the debt incurred?	
5320 22nd Ave. Number Street	As of the date you file, the claim is: Check all that apply.	
Trumber Street	Contingent	
	Unliquidated	
Maline II 64265	Disputed	
Moline         IL         61265           City         State         ZIP Code	Type of NONDRIORITY uncoursed eleims	
Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim:	
Debtor 1 only	☐ Student loans ☐ Obligations arising out of a separation agreement or divorce	
Debtor 2 only	that you did not report as priority claims	
Debtor 1 and Debtor 2 only	Debts to pension or profit-sharing plans, and other similar debts	
At least one of the debtors and another	Other. Specify	
Check if this claim is for a community de	bt Collecting for - Wolfe Clinic PC	
Is the claim subject to offset?		
✓ No Yes		
4.10		\$30.00
H & R Accounts, Inc.	Last 4 digits of account number	
Nonpriority Creditor's Name	When was the debt incurred?	
5320 22nd Ave. Number Street	As of the date you file, the claim is: Check all that apply.	
Number Officer	Contingent	
	Unliquidated	
Malia u u odoc	Disputed	
Moline         IL         61265           City         State         ZIP Code	Time of NONDRIGRITY impossioned alaims	
Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim: ☐ Student loans	
☑ Debtor 1 only	☐ Obligations arising out of a separation agreement or divorce	
Debtor 2 only	that you did not report as priority claims	
Debtor 1 and Debtor 2 only  At least one of the debtors and another	☐ Debts to pension or profit-sharing plans, and other similar debts	
Check if this claim is for a community de	Collecting for - Pathology Assoc.	
Is the claim subject to offset?  No		
✓ No ☐ Yes		
4.11		\$38.26
OB/GYN Associates PLC	Last 4 digits of account number	
Nonpriority Creditor's Name	When was the debt incurred?	
330 Laurel Street, Ste 1100 Number Street	As of the date you file, the claim is: Check all that apply.	
Trained Cases	Contingent	
	Unliquidated	
Doc Moines IA 50244	Disputed	
Des Moines         IA         50314           City         State         ZIP Code	Type of NONPRIORITY unsecured claim:	
Who incurred the debt? Check one.	Student loans	
Debtor 1 only	☐ Obligations arising out of a separation agreement or divorce	
Debtor 2 only	that you did not report as priority claims	
Debtor 1 and Debtor 2 only	Debts to pension or profit-sharing plans, and other similar debts	
At least one of the debtors and another	Other. Specify	
Check if this claim is for a community de	bt Health	
Is the claim subject to offset?		
No No		
Yes		

Debtor 1 Andrea Nicole Johnson	Case number (if known)	
Part 2: Your NONPRIORITY Unsec	ured Claims Continuation Page	
After listing any entries on this page, number th previous page.	em sequentially from the	Total claim
4.12		\$810.00
Phoenix Financial Services	Last 4 digits of account number	
Nonpriority Creditor's Name	When was the debt incurred?	
8902 Otis Ave., Ste 103A Number Street	As of the date you file, the claim is: Check all that apply.	
	Contingent	
	Unliquidated	
Indianapolis IN 46216	Disputed	
City State ZIP Code	Type of NONPRIORITY unsecured claim:	
Who incurred the debt? Check one.	Student loans	
Debtor 1 only Debtor 2 only	Obligations arising out of a separation agreement or divorce	
Debtor 1 and Debtor 2 only	that you did not report as priority claims	
At least one of the debtors and another	☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify	
Check if this claim is for a community debt	Other. Specify  Collecting for - Mercy Medical Center	
Is the claim subject to offset?	concounting to money meanors conto	
✓ No ☐ Yes		
4.13		\$450.00
Phoenix Financial Services	Last 4 digits of account number	
Nonpriority Creditor's Name 8902 Otis Ave., Ste 103A	When was the debt incurred?	
Number Street	As of the date you file, the claim is: Check all that apply.	
	Contingent	
	☐ Unliquidated ☐ Disputed	
Indianapolis IN 46216	Disputed	
City State ZIP Code	Type of NONPRIORITY unsecured claim:	
Who incurred the debt? Check one.  Debtor 1 only	☐ Student loans	
Debtor 1 only  Debtor 2 only	Obligations arising out of a separation agreement or divorce	
Debtor 1 and Debtor 2 only	that you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar debts	
At least one of the debtors and another	Other. Specify	
☐ Check if this claim is for a community debt	Collecting for - MW-West Diagnostic	
Is the claim subject to offset?		
☑ No		
Yes		
4.14		\$125.00
Phoenix Financial Services	Last 4 digits of account number	
Nonpriority Creditor's Name	When was the debt incurred?	
8902 Otis Ave., Ste 103A Number Street	As of the date you file, the claim is: Check all that apply.	
	Unliquidated	
Indianapolis IN 46216	Disputed	
City State ZIP Code	Type of NONPRIORITY unsecured claim:	
Who incurred the debt? Check one.	☐ Student loans	
Debtor 1 only	Obligations arising out of a separation agreement or divorce	
Debtor 2 only Debtor 1 and Debtor 2 only	that you did not report as priority claims	
At least one of the debtors and another	Debts to pension or profit-sharing plans, and other similar debts	
☐ Check if this claim is for a community debt		
Is the claim subject to offset?	Johnsoning for mornior by mod benter	
No No		
Yes		

After listing any entries on this page, number them sequentially from the previous page.  4.15   Hand Parenthood of the Heartland Konptoric/Greditor's Name   Continuation Page   Continua	Part 2: Vour NONPPIOPITY Unsoci		
A.15   Section	Fait 2. Tour NONFRIORITT Onsect	ured Claims Continuation Page	
Planned Parenthood of the Heartland   Last 4 digits of account number   When was the debt incurred?		em sequentially from the	Total claim
When was the debt incurred?	4.15		\$64.04
Nomber   Street   S	Planned Parenthood of the Heartland	Last 4 digits of account number	
Number   Street   Street   Street   State		When was the debt incurred?	
Des Moines IA 50331 City Who incurred the debt? Check one.   Check one.   Debtor 1 only   Debtor 2 only   Debtor 2 only   Check it shis claim is for a community debt is the claim subject to offset?   Check one.		As of the date you file, the claim is: Check all that apply.	
Des Moines IA 50331 City State ZIP Code Who incurred the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another that the claim subject to offset?  Type of NONPRIORITY unsecured claim:  Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify Health  \$1,338.00  TO Bank USA/TARGETCRED  Altest of the debtors and another Street  As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed  Type of NONPRIORITY unsecured claim: When was the debt incurred?  As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed  Type of NONPRIORITY unsecured claim:  The lowa Clinic Nonpriority Creditor's Name Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debtor 1 only Debtor 1 and Debtor 2 only Debtor 2 only Check if this claim is for a community debt is the claim subject to offset?  Nonpriority Creditor's Name Altest one of the debtors and another Check if this claim is for a community debt is the claim subject to offset?  Altest 4 digits of account number When was the debt incurred?  As of the date you file, the claim is: Check all that apply. Credit Card  Street  Credit Card  Type of NONPRIORITY unsecured claim:  When was the debt incurred?  As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim:  Type of NONPRIORITY unsecured claim:  The lowa Clinic Nonpriority Creditor's Name Altest Adigits of account number When was the debt incurred?  As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim:  Type of NONPRIORITY unsecured claim:  Type of NONPRIORITY unsecured claim:		<u> </u>	
Das Moines   IA   50331   Type of NONPRIORITY unsecured claim:   Type of NONPRIORITY unsecured			
Type of NONPRIORITY unsecured claim:   Student loans   Stude	Dos Moinos IA 50221	Disputed	
Who incurred the debt? Check one.		Type of NONPRIORITY unsecured claim:	
Debtor 1 only   Debtor 2 only   Debtor 2 only   Debtor 3 only   Debtor 4 and Debtor 2 only   Debtor 4 and Debtor 2 only   Debtor 5 only   Debtor 6 only   Debtor 6 only   Debtor 6 only   Debtor 7 only   Debtor 6 only   Debtor 7 only   Debtor 7 only   Debtor 8 only   Debtor 9 only   Debtor 9 only   Debtor 1 only   Debtor 2 only   Debtor 1 only   Debtor 1 only   Debtor 2 only   Debtor 3 only   Debtor 4 only   Debtor 4 only   Debtor 5 only   Debtor 6 only   Debtor 7 only   Debtor 6 only   Debtor 8 only   Debtor 9 only   Debtor 9 only   Debtor 1 only   Debtor 2 only   Debtor 1 only   Debtor 2 only   Debtor 1 only   D	Who incurred the debt? Check one.	••	
Debtor 2 only   Debtor 1 and Debtor 2 only   Debtor 3 only   Debtor 2 only   Debtor 2 only   Debtor 3 only   Debtor 2 only   Debtor 3 only   Debtor 3 only   Debtor 3 only   Debtor 3 only   Debtor 4 only   Debtor 5 only   Debtor 5 only   Debtor 5 only   Debtor 6 only   Debtor 6 only   Debtor 6 only   Debtor 6 only   Debtor 8 only   Debtor 9 o	•		
At least one of the debtors and another   Check if this claim is for a community debt is the claim subject to offset?   When was the debt incurred?   As of the date you file, the claim is: Check all that apply.   State   ZIP Code   Who incurred the debt? Check one.   Debtor 1 and Debtor 2 only   Debtor 1 and Debtor 2 only   At least one of the debtors and another   Check if this claim is for a community debt is the claim subject to offset?   Mo   Yes   As of the date you file, the claim is: Check all that apply.   State   ZIP Code   ZIP Code   Check if this claim is for a community debt is the claim subject to offset?   Who was the debt incurred?   As of the date you file, the claim is: Check all that apply.   Sudent loans   Debts of a separation agreement or divorce that you did not report as priority claims   Debts of a separation agreement or divorce that you did not report as priority claims   Debts of a separation agreement or divorce that you did not report as priority claims   Debts of a separation agreement or divorce that you did not report as priority claims   Debts of a separation agreement or divorce that you did not report as priority claims   Debts of a separation agreement or divorce that you did not report as priority claims   Debts of a separation agreement or divorce that you did not report as priority claims   Debts of a separation agreement or divorce that you did not report as priority claims   Debts of a separation agreement or divorce that you did not report as priority claims   Debts of a separation agreement or divorce that you did not report as priority claims   Debts of a separation agreement or divorce that you did not report as priority claims   Debts of a separation agreement or divorce that you did not report as priority claims   Debts of a separation agreement or divorce   Debts of a separation agree	<b>L</b> 5 1		
Check if this claim is for a community debt is the claim subject to offset?   No   Yes	<b>—</b>	Debts to pension or profit-sharing plans, and other similar debts	
Is the claim subject to offset?  No Yes  4.16  4.16  Stank USA/TARGETCRED  Noppriority Creditor's Name PO Box 673  Number   Street   State   ZiP Code   Who incurred the debt?   Check one.   Debtor 1 only   Debtor 2 only   Debtor 2 only   Debtor 3 and Debtor 2 only   Debtor 4 and Debtor 2 only   Debtor 5 the detection of the debtors and another   Check if this claim is for a community debt is the claim subject to offset?  No Yes  4.17  The lowa Clinic Nonpriority Creditor's Name   8800 Lake Drive, Suite 250  Number   Street    West Des Moines   IA   50266-2504  City   State   ZiP Code   Contingent   Contingent	— Objects 15 (b) and a lateral to force a community of a later		
No	<u>'</u>	Health	
Yes			
A.16			
TD Bank USA/TARGETCRED  Last 4 digits of account number  When was the debt incurred?  As of the date you file, the claim is: Check all that apply.  Contingent Unliquidated Unliquidated Disputed  Type of NONPRIORITY unsecured claim:  Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debtor 2 only Debtor 1 and Debtor 2 only Debtor 1 fine is to claim subject to offset?  No Yes  4.17  The lowa Clinic Nonpriority Creditor's Name 6800 Lake Drive, Suite 250 Number Street  West Des Moines  IA 50266-2504 City State ZIP Code  When was the debt incurred? As of the date you file, the claim is: Check all that apply.  Contingent Unliquidated Unliquidated Unliquidated Disputed  Type of NONPRIORITY unsecured claim:  Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Other. Specify Credit Card  Specify Credit Card  \$954.46  The lowa Clinic Contingent Unliquidated Disputed  Type of NONPRIORITY unsecured claim:  Yes of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed  Type of NONPRIORITY unsecured claim:  Type of NONPRIORITY unsecured claim:  Type of NONPRIORITY unsecured claim:			¢4 229 00
When was the debt incurred?		Last 4 digits of account number	\$1,336.00
Number Street  As of the date you file, the claim is: Check all that apply.  Contingent Unliquidated Disputed  Type of NONPRIORITY unsecured claim:  Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debtor 2 only Debtor 1 and Debtor 2 only Debtor 1 and Debtor 2 only Debtor 4 and Debtor 2 only Debtor 5 and another Check if this claim is for a community debt is the claim subject to offset?  No Yes  4.17  The lowa Clinic Nonpriority Creditor's Name 6800 Lake Drive, Suite 250 Number Street  West Des Moines IA 50266-2504 City State ZIP Code Type of NONPRIORITY unsecured claim:  The date you file, the claim is: Check all that apply.  Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim:  Type of NONPRIORITY unsecured claim:  Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Credit Card  Type of NONPRIORITY unsecured claim:			
Minneapolis MN 55440 City State ZIP Code Unliquidated Disputed  Type of NONPRIORITY unsecured claim:	PO Box 673		
Minneapolis MN 55440 City State ZIP Code Who incurred the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt is the claim subject to offset?  No Yes  4.17 The lowa Clinic Nonpriority Creditor's Name 6800 Lake Drive, Suite 250 Number Street  West Des Moines IA 50266-2504 City State ZIP Code  Type of NONPRIORITY unsecured claim:	Number Street	<u> </u>	
Minneapolis  City State ZIP Code Who incurred the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only Debtor 1 and Debtor sand another Check if this claim is for a community debt ls the claim subject to offset?  No Yes  4.17  The lowa Clinic Nonpriority Creditor's Name 6800 Lake Drive, Suite 250  Number Street  West Des Moines  IA 50266-2504  City Disputed  Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify Credit Card  \$954.46  Type of NONPRIORITY unsecured claim:  **Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify Credit Card  **Specify** Credit Card  \$954.46  **Contingent** Unliquidated Disputed  Type of NONPRIORITY unsecured claim:  Type of NONPRIORITY unsecured claim:			
City State ZIP Code Who incurred the debt? Check one.      Debtor 1 only			
Who incurred the debt? Check one.  ☐ Debtor 1 only ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only ☐ Check if this claim is for a community debt Is the claim subject to offset? ☐ No ☐ Yes  ☐ 4.17 ☐ The lowa Clinic ☐ Nonpriority Creditor's Name 6800 Lake Drive, Suite 250 ☐ Number Street ☐ West Des Moines IA 50266-2504 ☐ City State ZIP Code ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify ☐ Credit Card ☐ Credit Card ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify ☐ Credit Card ☐ When was the debt incurred? ☐ Last 4 digits of account number ☐ When was the debt incurred? ☐ As of the date you file, the claim is: Check all that apply. ☐ Contingent ☐ Unliquidated ☐ Disputed ☐ Type of NONPRIORITY unsecured claim: ☐ Type of NONPRIORITY unsecured claim:		_ <b>_</b> _ ·	
Debtor 1 only		Type of NONPRIORITY unsecured claim:	
Debtor 2 only Debtor 1 and Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset?  ✓ No Yes  4.17  The lowa Clinic Nonpriority Creditor's Name 6800 Lake Drive, Suite 250 Number Street  West Des Moines IA 50266-2504  City State ZIP Code  Obligations arising out of a separation agreement of divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts  ✓ Other. Specify Credit Card  State Voltar. Specify Credit Card  Sp54.46  As of the date you file, the claim is: Check all that apply.  ☐ Contingent ☐ Unliquidated ☐ Disputed  Type of NONPRIORITY unsecured claim:			
□ Debtor 1 and Debtor 2 only At least one of the debtors and another □ Check if this claim is for a community debt Is the claim subject to offset? □ No □ Yes □ No □ Yes □ Nonpriority Creditor's Name 6800 Lake Drive, Suite 250 Number Street □ Street □ Contingent □ Unliquidated □ Disputed □ Disputed □ Type of NONPRIORITY unsecured claim: □ Type of NONPRIORITY unsecured claim: □ Type of NONPRIORITY unsecured claim: □ Debts to pension or profit-sharing plans, and other similar debts ○ Other. Specify Credit Card □ Specify Credit Card  \$954.46 □ Vest Last 4 digits of account number □ When was the debt incurred? □ Contingent □ Unliquidated □ Disputed □ Type of NONPRIORITY unsecured claim:	=		
Check if this claim is for a community debt  Is the claim subject to offset?  No Yes  4.17  The lowa Clinic  Nonpriority Creditor's Name 6800 Lake Drive, Suite 250  Number Street  West Des Moines   IA   50266-2504   City   State   ZIP Code   City   State   ZIP Code   City   Other. Specify Credit Card  Street  When was the debt incurred?  As of the date you file, the claim is: Check all that apply.    Unliquidated   Disputed			
Is the claim subject to offset?  No Yes  4.17  The lowa Clinic Nonpriority Creditor's Name 6800 Lake Drive, Suite 250  Number Street  West Des Moines IA 50266-2504  City State ZIP Code  Strong Stron	At least one of the debtors and another		
Ves  4.17  The lowa Clinic Nonpriority Creditor's Name 6800 Lake Drive, Suite 250 Number Street  West Des Moines IA 50266-2504 City  Nonpriority Creditor's Name Contingent Unliquidated Disputed  Type of NONPRIORITY unsecured claim:  \$954.46  \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$	<u> </u>	Credit Card	
4.17  The lowa Clinic Nonpriority Creditor's Name 6800 Lake Drive, Suite 250 Number Street  West Des Moines IA 50266-2504 City State ZIP Code  \$954.46  \$4.17  Last 4 digits of account number When was the debt incurred?  As of the date you file, the claim is: Check all that apply.  Contingent Unliquidated Disputed  Type of NONPRIORITY unsecured claim:			
4.17  The lowa Clinic Nonpriority Creditor's Name 6800 Lake Drive, Suite 250 Number Street West Des Moines City State Vipe of NONPRIORITY unsecured claim: \$954.46  Last 4 digits of account number When was the debt incurred? As of the date you file, the claim is: Check all that apply.  Contingent Unliquidated Disputed  Type of NONPRIORITY unsecured claim:	<b>.</b>		
The lowa Clinic  Nonpriority Creditor's Name 6800 Lake Drive, Suite 250  Number Street  West Des Moines IA 50266-2504  City  City  City  City  City  Last 4 digits of account number  When was the debt incurred?  As of the date you file, the claim is: Check all that apply.  Unliquidated Disputed  Type of NONPRIORITY unsecured claim:			
Nonpriority Creditor's Name 6800 Lake Drive, Suite 250  Number Street  Mest Des Moines IA 50266-2504  City State ZIP Code  When was the debt incurred?  As of the date you file, the claim is: Check all that apply.  Unliquidated  Disputed  Type of NONPRIORITY unsecured claim:	4.17		\$954.46
Nonpriority Creditor's Name  6800 Lake Drive, Suite 250  Number Street  Mest Des Moines IA 50266-2504  City State ZIP Code  When was the debt incurred?  As of the date you file, the claim is: Check all that apply.  Unliquidated  Disputed  Type of NONPRIORITY unsecured claim:	The Iowa Clinic	Last 4 digits of account number	
As of the date you file, the claim is: Check all that apply.  Contingent Unliquidated Disputed  City State ZIP Code  As of the date you file, the claim is: Check all that apply.  Type of NONPRIORITY unsecured claim:	Nonpriority Creditor's Name		
West Des Moines IA 50266-2504 City State ZIP Code Contingent Unliquidated Disputed  □ Contingent Unliquidated Disputed  □ Type of NONPRIORITY unsecured claim:			
West Des Moines IA 50266-2504 City State ZIP Code Type of NONPRIORITY unsecured claim:  Unliquidated Disputed Type of NONPRIORITY unsecured claim:	Number Street		
West Des Moines IA 50266-2504 City State ZIP Code Type of NONPRIORITY unsecured claim:		<b>_</b> _ •	
City State ZIP Code Type of NONPRIORITY unsecured claim:	Most Doc Maines IA FORCE OF 04	Disputed	
rype of North Motor i undecured claim.		Type of NONDRIGRITY upgeoured eleims	
Who incurred the debt? Check one.		••	
Debtor 1 only  Obligations arising out of a separation agreement or divorce	•		
Debtor 2 only that you did not report as priority claims			
Debtor 1 and Debtor 2 only  Debts to pension or profit-sharing plans, and other similar debts	= Attract	· · · · · · · · · · · · · · · · · · ·	
At least one of the debtors and another  Other. Specify			
Check if this claim is for a community debt Health	<b>-</b>	Health	
In the claim authors to offeet?	Is the claim subject to offset?		
	☑ No □ Yes		

Debtor 1 Andrea Nicole Johnson	Case number (if known)	
Part 2: Your NONPRIORITY Unsecu	red Claims Continuation Page	
After listing any entries on this page, number the previous page.	em sequentially from the	Total claim
4.18		\$821.98
Unity Point Health	Last 4 digits of account number	· · · · · · · · · · · · · · · · · · ·
Nonpriority Creditor's Name	When was the debt incurred?	
PO Box 809284 Number Street	As of the date you file, the claim is: Check all that apply.	
	_ Contingent	
	Unliquidated	
Chicago IL 60680	─	
City State ZIP Code	Type of NONPRIORITY unsecured claim:	
Who incurred the debt? Check one.  Debtor 1 only	Student loans	
Debtor 2 only	<ul> <li>Obligations arising out of a separation agreement or divorce that you did not report as priority claims</li> </ul>	
Debtor 1 and Debtor 2 only	Debts to pension or profit-sharing plans, and other similar debts	
At least one of the debtors and another	✓ Other. Specify	
☐ Check if this claim is for a community debt	Health	
Is the claim subject to offset?		
No No		
Yes		
4.19		\$129.00
Valley Credit Service	Last 4 digits of account number	
Nonpriority Creditor's Name	When was the debt incurred?	
PO Box 7090 Number Street	As of the date you file, the claim is: Check all that apply.	
	_ Contingent	
	Unliquidated	
Charlottesville VA 22906	Disputed	
City State ZIP Code	Type of NONPRIORITY unsecured claim:	
Who incurred the debt? Check one.	Student loans	
Debtor 1 only Debtor 2 only	Obligations arising out of a separation agreement or divorce	
Debtor 2 only  Debtor 1 and Debtor 2 only	that you did not report as priority claims	
At least one of the debtors and another	☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify	
Check if this claim is for a community debt	✓ Other. Specify  Collecting for - West Lakes Surgery Center	
Is the claim subject to offset?		
☑ No		
Yes		

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Case number (if known) Part 3: List Others to Be Notified About a Debt That You Already Listed Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional parties to be notified for any debts in Parts 1 or 2, do not fill out or submit this page. **MC-Mercy Med Center** On which entry in Part 1 or Part 2 did you list the original creditor? Name PO Box 4953 Line 4.14 of (Check one): Part 1: Creditors with Priority Unsecured Claims Number Street Part 2: Creditors with Nonpriority Unsecured Claims - Last 4 digits of account number **Des Moines** IΑ 50305 City State ZIP Code On which entry in Part 1 or Part 2 did you list the original creditor? Mediacom Name Line 4.5 of (Check one): Part 1: Creditors with Priority Unsecured Claims 2205 Ingersoll Ave Part 2: Creditors with Nonpriority Unsecured Claims Last 4 digits of account number **Des Moines** IΑ 50265 State ZIP Code City **Mercy Medical Center** On which entry in Part 1 or Part 2 did you list the original creditor? Name Line 4.12 of (Check one): Part 1: Creditors with Priority Unsecured Claims PO Box 4953 Number Part 2: Creditors with Nonpriority Unsecured Claims Last 4 digits of account number 50305 **Des Moines** ZIP Code On which entry in Part 1 or Part 2 did you list the original creditor? **MW-West Diagnostic** PO Box 4953 Line 4.13 of (Check one): Part 1: Creditors with Priority Unsecured Claims Number Street Part 2: Creditors with Nonpriority Unsecured Claims Last 4 digits of account number **Des Moines** IΑ 50305 State ZIP Code **Pathology Associates of Central Iowa** On which entry in Part 1 or Part 2 did you list the original creditor? Name 1111 6th Ave. Line 4.10 of (Check one): Part 1: Creditors with Priority Unsecured Claims Number Part 2: Creditors with Nonpriority Unsecured Claims Last 4 digits of account number **Des Moines** 50314 City

Debtor 1

**Andrea Nicole Johnson** 

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Debtor 1	<b>Andrea Nicole</b>	John	son	Case number (if known)
Part 3:	List Others	to Be	Notified Ab	out a Debt That You Already Listed Continuation Page
	s Surgery Cen	ter, LL	.c.	On which entry in Part 1 or Part 2 did you list the original creditor?
Name 12499 Univ	ersity Ave., Sı	uite #1	00	Line <b>4.19</b> of (Check one):  Part 1: Creditors with Priority Unsecured Claims
Number S	Street			Part 2: Creditors with Nonpriority Unsecured Claims
				Last 4 digits of account number
Clive City		State	<b>50325</b> ZIP Code	
Wolfe Eye	Clinic			On which entry in Part 1 or Part 2 did you list the original creditor?
Name 6200 West	own Pkwy			Line <b>4.9</b> of (Check one):  Part 1: Creditors with Priority Unsecured Claims
	Street			Part 2: Creditors with Nonpriority Unsecured Claims
				Last 4 digits of account number
West Des I	Moines	State	<b>50266</b> ZIP Code	<u></u>
City		State	ZIF COUL	

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Debtor 1	Andrea Nicole Johnson	Case number (if known)
Part 4:	Add the Amounts for Each Type of Unsecured Claim	

Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159. Add the amounts for each type of unsecured claim.

				Total claim
Total claims from Part 1	6a.	Domestic support obligations	6a.	\$0.00
	6b.	Taxes and certain other debts you owe the government	6b.	\$11,000.00
	6c.	Claims for death or personal injury while you were intoxicated	6c.	\$0.00
	6d.	Other. Add all other priority unsecured claims. Write that amount here.	6d. <b>+</b>	\$0.00
	6e.	<b>Total.</b> Add lines 6a through 6d.	6d.	\$11,000.00
				Total claim
Total claims from Part 2	6f.	Student loans	6f.	\$100,000.00
	6g.	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$0.00
	6h.	Debts to pension or profit-sharing plans, and other similar debts	6h.	\$0.00
	6i.	<b>Other.</b> Add all other nonpriority unsecured claims. Write that amount here.	6i. <b>+</b>	\$22,778.74
	6j.	<b>Total.</b> Add lines 6f through 6i.	6j.	\$122,778.74

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Fill in this inf	ormation to ide	entify your case:	:	
Debtor 1	Andrea First Name	Nicole Middle Name	Johnson Last Name	
Debtor 2 (Spouse, if filing)		Middle Name	Last Name	
United States Bar	nkruptcy Court for t	he: <b>SOUTHERN D</b>	ISTRICT OF IOWA	
Case number (if known)	-			Check if this is an amended filing

### Official Form 106G

### **Schedule G: Executory Contracts and Unexpired Leases**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

1. Do you have any executory contracts or unexpired leases?

- No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.

  Yes. Fill in all of the information below even if the contracts or leases are listed on *Schedule A/B: Property* (Official Form 106A/B).
- 2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

Person or company with whom you have the contract or lease

State what the contract or lease is for

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Fill	in this inf	ormation to i	dentify your case		
Debt	or 1	Andrea	Nicole	Johnson	
		First Name	Middle Name	Last Name	
Debte (Spo	or 2 use, if filing)	First Name	Middle Name	Last Name	
Unite	ed States Ba	nkruptcy Court fo	or the: <b>SOUTHERN D</b>	ISTRICT OF IOWA	
	number				
(if kn	own)				Check if this is an amended filing
0.55	–	40011			
	ial Form				
Sch	edule H	Your Cod	ebtors		12
1. D	No	any codebtors?	(If you are filing a joi	nt case, do not list eithe	ner spouse as a codebtor.)
v	Yes				
					territory? (Community property states and territories Rico, Texas, Washington, and Wisconsin.)
V	_			anivalent live with you	at the time?
L	J res. Did □ No □ Yes		imer spouse, or legal e	quivalent live with you a	at the time?
3. In			odebtors. Do not incl	ude your spouse as a	a codebtor if your spouse is filing with you. List the
CI	reditor on S	chedule D (Offi	_	dule E/F (Official Form	rantor or cosigner. Make sure you have listed the rm 106E/F), or Schedule G (Official Form 106G). Use
	Column 1:	Your codebtor			Column 2: The creditor to whom you owe the deb
					Check all schedules that apply:
3.1	Matthew Name	Johnson			Schedule D, line 2.2
	Number	Street			Schedule E/F, line
					Schedule G, line
					Capital One Auto Fin
	City		State	ZIP Code	
3.2	Matthew Name	Johnson			Schedule D, line <b>2.1</b>
	108 10th Number	St. Street			Schedule E/F, line
					Schedule G, line
	West Des	s Moines	IA	50265	Ally Financial

ZIP Code

State

City

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Debtor 1	Andrea	Nicole	Johnson		
	First Name	Middle Name	Last Name	Che	eck if this is:
Debtor 2				_	An amended filing
(Spouse, if filing)	First Name	Middle Name	Last Name		7 a
United States Bank	ruptcy Court for the:	SOUTHERN DIS	STRICT OF IOWA	□	A supplement showing postpetition chapter 13 income as of the following date
Case number					onapter to moonie de et alle telleming date
(if known)					MM / DD / YYYY
fficial Form 1	D6I				
chedule I: Yo	ur Income				12/15

about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

F	art 1: Describe Empl	oyment				
1.	Fill in your employment information.  If you have more than one job, attach a separate page with information about additional employers.	Employment status Occupation	Debtor 1  ☑ Employed ☐ Not employed RN Case Mana		Debtor 2 or not  ☑ Employed ☐ Not employ	
	Include part-time, seasonal, or self-employed work.	Employer's name	United Healtho		Staples	
	Occupation may include student or homemaker, if it applies.	Employer's address	Number Street		Number Street	
			City	State Zip Code	City	State Zip Code
		How long employed the	here?		7 month	ns

#### Part 2: **Give Details About Monthly Income**

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

			For Deptor 1	non-filing spouse
2.	List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.	2.	\$6,809.14	\$4,583.32
3.	Estimate and list monthly overtime pay.	3. +	\$0.00	\$0.00
4.	Calculate gross income. Add line 2 + line 3.	4.	\$6,809.14	\$4,583.32

Deb	tor 1 Andrea Nicole Johnson		Case no	ımbe	r (if known)		
			For Debtor 1		or Debtor 2 or on-filing spouse		
	Copy line 4 here	4.	\$6,809.14	_	\$4,583.32	_	
5.	List all payroll deductions:						
	5a. Tax, Medicare, and Social Security deductions	5a.	\$1,377.31		\$854.36		
	5b. Mandatory contributions for retirement plans	5b.	\$0.00		\$0.00		
	5c. Voluntary contributions for retirement plans	5c.	\$126.88		\$0.00		
	5d. Required repayments of retirement fund loans	5d.	\$387.07		\$0.00		
	5e. Insurance	5e.	\$522.53		\$0.00		
	5f. Domestic support obligations	5f.	\$0.00		\$842.96		
	5g. Union dues	5g.	\$0.00		\$0.00		
	5h. Other deductions.  Specify:	_ 5h. <b>+</b>	\$0.00		\$0.00		
6.	Add the payroll deductions. Add lines $5a + 5b + 5c + 5d + 5e + 5f + 5g + 5h$ .	6.	\$2,413.79		\$1,697.32		
7.	Calculate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$4,395.35		\$2,886.00		
8.	List all other income regularly received:						
	8a. Net income from rental property and from operating a business, profession, or farm	8a.	\$0.00		\$0.00		
	Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.						
	8b. Interest and dividends	8b.	\$0.00		\$0.00		
	8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive	8c.	\$0.00		\$0.00		
	Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.						
	8d. Unemployment compensation	8d.	\$0.00		\$0.00		
	8e. Social Security	8e.	\$0.00		\$0.00		
	8f. Other government assistance that you regularly receive						
	Include cash assistance and the value (if known) or any non- cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.						
	Specify:	8f.	\$0.00		\$0.00		
	8g. Pension or retirement income	<del>-</del> 8g.	\$0.00		\$0.00		
	8h. Other monthly income.	-3.					
	Specify:	_ 8h. <b>+</b>	\$0.00	, –	\$0.00		
9.	<b>Add all other income.</b> Add lines 8a + 8b + 8c + 8d + 8e + 8f + 8g + 8h.	9.	\$0.00		\$0.00	_	
10.	Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10.	\$4,395.35	+	\$2,886.00	=	\$7,281.35
11.	State all other regular contributions to the expenses that you list in S Include contributions from an unmarried partner, members of your house friends or relatives.			ur ro	ommates, and oth	ıer	
	Do not include any amounts already included in lines 2-10 or amounts the	at are n	ot available to pay	expe	enses listed in Sch	nedu	le J.
	Specify:				11.	+ _	\$0.00
12.	Add the amount in the last column of line 10 to the amount in line 11 income. Write that amount on the Summary of Your Assets and Liabilitie if it applies.						\$7,281.35 combined nonthly income
13.	Do you expect an increase or decrease within the year after you file	this for	m?				,
	✓ No. None.  Yes. Explain:						
	1 100. Expirain.						

Fill in this info	rmation to ide	entify	your case:			Observato ist sta		
Debtor 1	Andrea		Nicole	Johns	son	Check if th	ıs ıs: nended filing	
Dobtor 1	First Name		Middle Name	Last Na		l —	plement showing	postpetition
Debtor 2 (Spouse, if filing)	First Name		Middle Name	Last Na	me		er 13 expenses as ring date:	s of the
United States Ba	nkruptcy Court for	r the:	SOUTHERN DI	STRICT OF	IOWA	MM /	DD / YYYY	
Case number (if known)								
Official Form	106J							
Schedule J: `	Your Expen	nses						12/15
Part 1: Desc	cribe Your Ho							
. Is this a joint c	case?							
=								
	No Yes. Debtor 2 mu		arate household? Official Form 106J		s for Separate House	hold of Debto	ır 2.	
Do not list Debt	No Yes. Debtor 2 mu lependents?	ust file C	Official Form 106Joo o es. Fill out this inf	-2, Expenses	s for Separate House  Dependent's relati  Debtor 1 or Debto	onship to	Dependent's	Does dependent live with you?
☐ \ ☐ \ . Do you have d	No Yes. Debtor 2 mu lependents?	ust file C	Official Form 106J. o	-2, Expenses	Dependent's relati	onship to	Dependent's	live with you?  No
Do not list Debt	No Yes. Debtor 2 mulependents? tor 1 and	ust file C	Official Form 106Joo o es. Fill out this inf	-2, Expenses	Dependent's relation	onship to	Dependent's age	live with you?
Do not list Debt Debtor 2.	No Yes. Debtor 2 mulependents? tor 1 and	ust file C	Official Form 106Joo o es. Fill out this inf	-2, Expenses	Dependent's relati Debtor 1 or Debto Daughter	onship to	Dependent's age	No Yes No No Yes No Yes
Do not list Debt Debtor 2.	No Yes. Debtor 2 mulependents? tor 1 and	ust file C	Official Form 106Joo o es. Fill out this inf	-2, Expenses	Dependent's relati Debtor 1 or Debtor Daughter	onship to	Dependent's age 8	No Sylves Sylves No Sylves No No No No No No
Do not list Debt Debtor 2.	No Yes. Debtor 2 mulependents? tor 1 and	ust file C	Official Form 106Joo o es. Fill out this inf	-2, Expenses	Dependent's relation Debtor 1 or Debtor Daughter  Daughter  Son	onship to	Dependent's age  8  13	No   No   No   No   Yes   No   No   No   No   No   No   No   N
Do you have do Do not list Debt Debtor 2.  Do not state the names.  Do your expenexpenses of pe	No Yes. Debtor 2 mulependents? tor 1 and e dependents'	ust file C	Official Form 106Joo o es. Fill out this inf	-2, Expenses	Dependent's relation Debtor 1 or Debtor Daughter  Daughter  Son	onship to	Dependent's age  8  13	No N
Do you have do Do not list Debtor 2.  Do not state the names.  Do your expenexpenses of peryourself and your expenses.	No Yes. Debtor 2 mu lependents?  tor 1 and  e dependents'  nses include eople other than your dependents?	ust file C	Official Form 106Jon ones. Fill out this inforeach dependent  To No	-2, Expenses	Dependent's relation Debtor 1 or Debtor Daughter  Daughter  Son	onship to	Dependent's age  8  13	No   No   No   No   Yes   No   No   No   No   No   No   No   N
Do you have do Do not list Debt Debtor 2.  Do not state the names.  Do your expen expenses of po yourself and your	No Yes. Debtor 2 multiple pendents?  tor 1 and  de dependents'  de dependents'  de dependents'  de dependents and	est file Company of the bankruper the bankru	Official Form 106Jooces. Fill out this inforeach dependent  No Yes  Monthly Exp	-2, Expenses formation t	Dependent's relation Debtor 1 or Debtor Daughter  Daughter  Son	onship to r 2	Dependent's age  8  13  14  12  ent in a Chapter 1	No N

The rental or home ownership expenses for your residence. 4. \$1,404.00 Include first mortgage payments and any rent for the ground or lot. If not included in line 4: 4a. Real estate taxes 4a. 4b. Property, homeowner's, or renter's insurance 4b. 4c. Home maintenance, repair, and upkeep expenses 4c. 4d. Homeowner's association or condominium dues 4d.

Deb	tor 1 Andrea Nicole Johnson Case number	r (if known)
		Your expenses
5.	Additional mortgage payments for your residence, such as home equity loans	5
6.	Utilities:	
	6a. Electricity, heat, natural gas	6a. <b>\$175.00</b>
	6b. Water, sewer, garbage collection	6b. <b>\$70.00</b>
	6c. Telephone, cell phone, Internet, satellite, and cable services (See continuation sheet(s) for details)	6c. <b>\$583.00</b>
	6d. Other. Specify:	6d.
7.	Food and housekeeping supplies	7. <b>\$895.00</b>
8.	Childcare and children's education costs	8.
9.	Clothing, laundry, and dry cleaning	9. <b>\$50.00</b>
10.	Personal care products and services	10. <b>\$100.00</b>
11.	Medical and dental expenses	11. <b>\$50.00</b>
12.	<b>Transportation.</b> Include gas, maintenance, bus or train fare. Do not include car payments.	12. <b>\$160.00</b>
13.	Entertainment, clubs, recreation, newspapers, (Child Activity costs) magazines, and books	\$200.00 \$200.00
14.	Charitable contributions and religious donations	14.
15.	Insurance.  Do not include insurance deducted from your pay or included in lines 4 or 20.	
	15a. Life insurance	15a
	15b. Health insurance	15b.
	15c. Vehicle insurance	15c. <b>\$270.00</b>
	15d. Other insurance. Specify:	15d.
16.	<b>Taxes.</b> Do not include taxes deducted from your pay or included in lines 4 or 20.  Specify:	16.
17.	Installment or lease payments:	
	17a. Car payments for Vehicle 1 <b>Ford</b>	17a. <b>\$465.00</b>
	17b. Car payments for Vehicle 2 <b>Captiva</b>	17b. <b>\$310.00</b>
	17c. Other. Specify:	17c
	17d. Other. Specify:	17d.
18.	Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).	18.
19.	Other payments you make to support others who do not live with you.  Specify:	19.

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Deb	tor 1	Andrea Nicole Johnson	Case number (if known)	)	
20.		real property expenses not included in lines 4 or 5 of this form or on dule I: Your Income.			
	20a.	Mortgages on other property	20a.		
	20b.	Real estate taxes	20b.		
	20c.	Property, homeowner's, or renter's insurance	20c.		
	20d.	Maintenance, repair, and upkeep expenses	20d.		
	20e.	Homeowner's association or condominium dues	20e.		
21.	Other	. Specify:	21. +		
22.	Calcu	late your monthly expenses.	_		
	22a.	Add lines 4 through 21.	22a.	\$4,732.00	
	22b.	Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2.	22b.	_	
	22c.	Add line 22a and 22b. The result is your monthly expenses.	22c.	\$4,732.00	
23.	Calcu	late your monthly net income.			
	23a.	Copy line 12 (your combined monthly income) from Schedule I.	23a.	\$7,281.35	
	23b.	Copy your monthly expenses from line 22c above.	23b. <b>–</b>	\$4,732.00	
	23c.	Subtract your monthly expenses from your monthly income. The result is your monthly net income.	23c	\$2,549.35	
24.	Do yo	ou expect an increase or decrease in your expenses within the year after you f	file this form?		
	For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?				
	<b>☑</b> 1	No.			
	□ \	Yes. Explain here: None.			
		None.			

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6c.	Telephone, cell phone, Internet, satellite, and cable services (details):		
	Phone		\$400.00
	Internet		\$87.00
	Cable		\$96.00
		Total:	\$583.00

Case 18-01976-lmj7

Fill in this information to identify your case:					
Debtor 1	Andrea First Name	Nicole Middle Name	Johnson Last Name		
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name		
United States Bankruptcy Court for the: SOUTHERN DISTRICT OF IOWA					
Case number (if known)					

☐ Check if this is an amended filing

#### Official Form 106Sum

### Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new Summary and check the box at the top of this page.

P	art 1: Summarize Your Assets	
		Your assets Value of what you own
1.	Schedule A/B: Property (Official Form 106A/B)	
	1a. Copy line 55, Total real estate, from Schedule A/B	\$0.00
	1b. Copy line 62, Total personal property, from Schedule A/B	\$28,608.93
	1c. Copy line 63, Total of all property on Schedule A/B	\$28,608.93
P	art 2: Summarize Your Liabilities	
		Your liabilities Amount you owe
2.	Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)  2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D	\$19,428.00
3.	Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F)  3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	\$11,000.00
	3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F	+ \$122,778.74
	Your total liabilities	\$153,206.74
P	art 3: Summarize Your Income and Expenses	
4.	Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I	\$7,281.35
5.	Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J	\$4,732.00

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Debtor 1 **Andrea Nicole Johnson** Case number (if known) Part 4: **Answer These Questions for Administrative and Statistical Records** Are you filing for bankruptcy under Chapters 7, 11, or 13? No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules. ✓ Yes What kind of debt do you have? Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159. Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules. From the Statement of Your Current Monthly Income: Copy your total current monthly income from \$10,887.86 Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

Total claim

Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

	TOTAL CIAIIII
From Part 4 on Schedule E/F, copy the following:	
9a. Domestic support obligations. (Copy line 6a.)	\$0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$11,000.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$0.00
9d. Student loans. (Copy line 6f.)	\$100,000.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$0.00
9g. <b>Total.</b> Add lines 9a through 9f.	\$111,000.00

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			· ·	
Fill in this in	formation to i	dentify your case	:	
Debtor 1	Andrea	Nicole	Johnson	
	First Name	Middle Name	Last Name	
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name	
			IOTDIOT OF IOWA	
	ankruptcy Court to	or the: <b>SOUTHERN D</b>	ISTRICT OF IOWA	
Case number (if known)				Check if this is an
				amended filing
Official Form	106Dec			
Declaration	About an I	ndividual Debt	or's Schedules	12/15
	gn Below	to 20 years, or both.	18 U.S.C. §§ 152, 1341, 1519, a	ınd 35/1.
Did you pay	or agree to pay s	someone who is NOT	an attorney to help you fill ou	bankruptcy forms?
<b>√</b> No				
☐ Yes. N	ame of person			Attach Bankruptcy Petition Preparer's Notice,
_				Declaration, and Signature (Official Form 119).
Under penal true and cor		eclare that I have read	the summary and schedules	filed with this declaration and that they are
X /s/ Andre	ea Nicole Johns	son	x	

Signature of Debtor 2

MM / DD / YYYY

Date

Andrea Nicole Johnson, Debtor 1

MM / DD / YYYY

Date 09/05/2018

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Fil	l in this info	ormation to iden	tify your case:				
Del	otor 1	Andrea	Nicole	Johnson			
		First Name	Middle Name	Last Name			
	otor 2						
(Sp	ouse, if filing)	First Name	Middle Name	Last Name			
Uni	ted States Bar	nkruptcy Court for the	SOUTHERN DI	STRICT OF IOWA			
Cas	se number				_		
	known)					Check if this is an amended filing	
Offi	cial Form	107					
			fairs for Indi	viduals Filing for E	Bankruptcy		04/16
corre your	ect information	n. If more space is r se number (if known	needed, attach a s a). Answer every	d people are filing together, eparate sheet to this form. question.  tatus and Where You L	On the top of any addi		
1.	What is your	current marital statu	s?				
	✓ Married						
	Not marrie	ed					
2.	During the las	st 3 years, have you	lived anywhere o	ther than where you live nov	<i>i</i> ?		
	<b>☑</b> No						
	Yes. List	all of the places you li	ived in the last 3 ye	ears. Do not include where yo	u live now.		
	(Community p	roperty states and ten	•	use or legal equivalent in a c zona, California, Idaho, Louisia	• • • •	•	
	Washington, a	nd Wisconsin.)					

**☑** No

Yes. Make sure you fill out *Schedule H: Your Codebtors* (Official Form 106H).

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Debtor 1	Andrea Nicole Johnson	Case nur	Case number (if known)		
Part 2:	Explain the Sources of	our Income			
Fill in t	bu have any income from employs the total amount of income you receare filing a joint case and you have as. Fill in the details.	eived from all jobs and all bu	sinesses, including part	t-time activities.	lendar years?
		Debtor 1		Debtor 2	
		Sources of income Check all that apply.	Gross income (before deductions and exclusions	<b>Sources of income</b> Check all that apply.	Gross income (before deductions and exclusions
	ary 1 of the current year until ou filed for bankruptcy:	<ul><li>✓ Wages, commissions, bonuses, tips</li><li>☐ Operating a business</li></ul>	\$56,533.18	☐ Wages, commissions, bonuses, tips ☐ Operating a business	
	t calendar year: to December 31, 2017 )	<ul><li>✓ Wages, commissions, bonuses, tips</li><li>☐ Operating a business</li></ul>	\$88,682.00	☐ Wages, commissions, bonuses, tips ☐ Operating a business	
	endar year before that: to December 31, 2016	<ul><li>✓ Wages, commissions, bonuses, tips</li><li>☐ Operating a business</li></ul>	\$63,304.00	☐ Wages, commissions, bonuses, tips☐ Operating a business	
Include unemp and ga Debtor List ea	ich source and the gross income fro	t income is taxable. Exampl ayments; pensions; rental ir are in a joint case and you	les of other income are acome; interest; dividend have income that you re	ds; money collected from la eceived together, list it only	awsuits; royalties;

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Del	otor 1	Andrea l	Andrea Nicole Johnson			Case number (if kno	own)		
Р	art 3:	List Co	ertain Payments You Ma	ide Before Y	ou Filed for Ba	nkruptcy			
6.	Are eith	er Debtor	· 1's or Debtor 2's debts prima	arily consumer	debts?				
	□ No.		<b>Neither Debtor 1 nor Debtor 2 has primarily consumer debts.</b> Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."						
		During	the 90 days before you filed for	bankruptcy, did	d you pay any credito	or a total of \$6,425	or more?		
		□ No.	Go to line 7.						
		Yes. List below each creditor to whom you paid a total of \$6,425* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.							
		* Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.							
	<b>☑</b> Yes	es. Debtor 1 or Debtor 2 or both have primarily consumer debts.							
		During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more?							
		☑ No.	Go to line 7.						
		☐ Yes	. List below each creditor to who creditor. Do not include payn Also, do not include payment	nents for domes	stic support obligatio	ns, such as child s			
7. Within 1 year before you filed for bankruptcy Insiders include your relatives; any general par corporations of which you are an officer, direct agent, including one for a business you operate such as child support and alimony.		our relatives; any general partno nich you are an officer, director, ne for a business you operate a port and alimony.	ers; relatives of person in contr	any general partner ol, or owner of 20%	s; partnerships of v or more of their vot	which you are a general partner; ing securities; and any managing			
	✓ Yes	. List all p	ayments to an insider.						
				Dates of payment	Total amount paid	Amount you still owe	Reason for this payment		
Matthew Johnson (Husband) Insider's name		_ 1/22/2018 _	\$4,301.00	\$0.00	Funds transferred to Matthew Johnson to pay Discover Card obligation.				
	nber Stre	eet		_					
City	,		State ZIP Code	_					

Deb	tor 1	Andrea Nicole Johnson	on	Case number (if known)				
8.	Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider?							
	Include	payments on debts guarar	nteed or cosigned by an insider.					
	✓ No ☐ Yes	s. List all payments that be	enefited an insider.					
Pa	art 4:	Identify Legal Acti	ons, Repossessions, and	Foreclosures				
9.	List all	-	sonal injury cases, small claims	in any lawsuit, court action, or administrations, divorces, collection suits, paternity		ustody		
	□ No ✓ Yes	s. Fill in the details.						
Cas	e title		Nature of the case	Court or agency	Status of t	the case		
		Furniture Mart v.	Collections	Polk County Court Name		Pending		
AIIC	irea iv.	Marteny		Court Name	_	On appeal		
C		· 000004444E		Number Street	_			
Cas	e numbe	er <u>SCSC611145</u>			Ц	Concluded		
				City State	ZIP Code			
				City State	ZIP Code			
10.	seized	1 year before you filed fo or levied? all that apply and fill in the		property repossessed, foreclosed, garnis	ihed, attached,			
		. Go to line 11. s. Fill in the information be	low.					
11.		•	for bankruptcy, did any credito refuse to make a payment bec	r, including a bank or financial institution ause you owed a debt?	, set off any			
	✓ No ☐ Yes	s. Fill in the details.						
12.		•	r bankruptcy, was any of your eiver, a custodian, or another c	property in the possession of an assigne official?	e for the benefit of			
	✓ No ☐ Yes	S						

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Deb	tor 1	Andrea Nicole Johnson	Case number (if known)		
Pa	art 5:	List Certain Gifts and Co	ntributions		
13.	Within	2 years before you filed for bankr	ruptcy, did you give any gifts with a total value of more	than \$600 per perso	on?
	✓ No	s. Fill in the details for each gift.			
14.		2 years before you filed for bankr charity?	ruptcy, did you give any gifts or contributions with a to	tal value of more tha	an \$600
	✓ No ☐ Yes	s. Fill in the details for each gift or o	contribution.		
P	art 6:	List Certain Losses			
15.		1 year before you filed for bankru lisaster, or gambling?	uptcy or since you filed for bankruptcy, did you lose an	ything because of th	neft, fire,
	✓ No	s. Fill in the details.			
P	art 7:	List Certain Payments or	Transfers		
	Include	•	Inkruptcy or preparing a bankruptcy petition? preparers, or credit counseling agencies for services requi	red for your bankrupt	cy.
	ler Law	<b>/ Firm, P.C.</b> Vas Paid	Description and value of any property transferred	Date payment or transfer was made	Amount of payment
Num	ber Str	reet	_	5/18/2018	\$785.00
City		State ZIP Code		-	
Ema	il or websi	ite address	_		
Pers	on Who N	Made the Payment, if Not You	_		
17.		-	uptcy, did you or anyone else acting on your behalf pay		perty to
	-	e who promised to help you deal wind include any payment or transfer that	with your creditors or to make payments to your credit at you listed on line 16.	ors?	
	<b>☑</b> No				

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Deb	tor 1	Andrea Nicole Johnson		Case number (if	known)				
18.		Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs?							
		both outright transfers and transfers include gifts and transfers that you h	, ,		t or mortgage on your	property).			
	✓ No	s. Fill in the details.							
19.		10 years before you filed for bank e a beneficiary? (These are often		• • •	trust or similar device	e of which			
	☐ Yes	s. Fill in the details.							
Pa	art 8:	List Certain Financial Acc	ounts, Instruments, S	afe Deposit Boxes, aı	nd Storage Units				
20.	benefit Include	1 year before you filed for bankru t, closed, sold, moved, or transferr checking, savings, money market, or t, pension funds, cooperatives, asso	ed? or other financial accounts; ce	ertificates of deposit; shares					
	□ No		,						
Par	ak of Ar	merica (Checking)	Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer			
		ncial Institution	- XXXX-	<b>⊘</b> Checking	August 2018	\$20.00			
Num	iber Str	reet		Savings  Money market  Brokerage  Other	August 2010	<b>425.00</b>			
City		State ZIP Code	-						
21.	-	now have, or did you have within urities, cash, or other valuables?	1 year before you filed for	bankruptcy, any safe depo	osit box or other dep	ository			
	✓ No ☐ Yes	s. Fill in the details.							
22.	<b>☑</b> No	ou stored property in a storage urs. Fill in the details.	it or place other than your	home within 1 year before	you filed for bankru	otcy?			

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Del	otor 1	Andrea Nicole Johnson Case number (if known)
Р	art 9:	Identify Property You Hold or Control for Someone Else
23.	•	hold or control any property that someone else owns? Include any property you borrowed from, are storing for, in trust for someone.
	✓ No ☐ Yes	s. Fill in the details.
Р	art 10:	Give Details About Environmental Information
For	the purp	pose of Part 10, the following definitions apply:
	hazardoı	nental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of us or toxic substance, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, g statutes or regulations controlling the cleanup of these substances, wastes, or material.
		ins any location, facility, or property as defined under any environmental law, whether you now own, operate, or or used to own, operate, or utilize it, including disposal sites.
		us material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic ce, hazardous material, pollutant, contaminant, or similar item.
Rep	oort all n	otices, releases, and proceedings that you know about, regardless of when they occurred.
24.	Has an	y governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental
	✓ No	s. Fill in the details.
25.	☑ No	ou notified any governmental unit of any release of hazardous material? s. Fill in the details.
26.	Have you	ou been a party in any judicial or administrative proceeding under any environmental law? Include settlements and
	☑ No □ Yes	s. Fill in the details.

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Debtor 1 **Andrea Nicole Johnson** Case number (if known) Give Details About Your Business or Connections to Any Business Part 11: 27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business? A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time A member of a limited liability company (LLC) or limited liability partnership (LLP) A partner in a partnership An officer, director, or managing executive of a corporation An owner of at least 5% of the voting or equity securities of a corporation No. None of the above applies. Go to Part 12. Yes. Check all that apply above and fill in the details below for each business. 28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties. TYes. Fill in the details below. Part 12: Sign Below I have read the answers on this Statement of Financial Affairs and any attachments, and I declare under penalty of perjury that answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. X /s/ Andrea Nicole Johnson Signature of Debtor 2 Andrea Nicole Johnson, Debtor 1 09/05/2018 Date Did you attach additional pages to Your Statement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)? **☑** No ☐ Yes Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

☐ Yes. Name of person

Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

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Debtor 1	Andrea	Nicole	Johnson
	First Name	Middle Name	Last Name
Debtor 2			
(Spouse, if filing)	First Name	Middle Name	Last Name
United States Bar	nkruptcy Court fo	or the: <b>SOUTHERN D</b>	ISTRICT OF IOWA
Case number			
(if known)			

#### Statement of Intention for Individuals Filing Under Chapter 7

12/15

If you are an individual filing under chapter 7, you must fill out this form if:

- creditors have claims secured by your property, or
- you have leased personal property and the lease has not expired.

You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form.

If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form.

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

#### Part 1: **List Your Creditors Who Hold Secured Claims**

For any creditors that you listed in Part 1 of Schedule D: Creditors Who Hold Claims Secured by Property (Official Form 106D), fill in the information below.

Identify the creditor and the property that is collateral

What do you intend to do with the property that secures a debt?

Did you claim the property as exempt on Schedule C?

None.

#### Part 2: **List Your Unexpired Personal Property Leases**

For any unexpired personal property lease that you listed in Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G), fill in the information below. Do not list real estate leases. Unexpired leases are leases that are still in effect; the lease period has not yet ended. You may assume an unexpired personal property lease if the trustee does not assume it. 11 U.S.C. § 365(p)(2).

Describe your unexpired personal property leases

Will this lease be assumed?

None.

#### Part 3: Sign Below

Under penalty of perjury, I declare that I have indicated my intention about any property of my estate that secures a debt and personal property that is subject to an unexpired lease.

X /s/ Andrea Nicole Johnson	X
Andrea Nicole Johnson, Debtor 1	Signature of Debtor 2
Date 09/05/2018 MM / DD / YYYY	Date MM / DD / YYYY
IVIIVI / DD / TTTT	IVIIVI / DD / TTTT

# Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

#### This notice is for you if:

- You are an individual filing for bankruptcy, and
- Your debts are primarily consumer debts.
   Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

### The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of the Bankruptcy Code:

- Chapter 7 -- Liquidation
- Chapter 11 -- Reorganization
- Chapter 12 -- Voluntary repayment plan for family farmers or fishermen
- Chapter 13 -- Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

#### **Chapter 7: Liquidation**

+	\$75	filing fee administrative fee trustee surcharge
	\$335	total fee

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their non-exempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that the even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

- most taxes;
- most student loans:
- domestic support and property settlement obligations;

- most fines, penalties, forfeitures, and criminal restitution obligations; and
- certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

- fraud or theft;
- fraud or defalcation while acting in breach of fiduciary capacity;
- intentional injuries that you inflicted; and
- death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file Chapter 7 Statement of Your Current Monthly Income (Official Form 122A-1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the Chapter 7 Means Test Calculation (Official Form 122A-2).

If your income is above the median for your state, you must file a second form--the Chapter 7 Means Test Calculation (Official Form 122A-2). The calculations on the form-sometimes called the *Means Test--* deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If your income is more than the median income

for your state of residence and family size, depending on the results of the Means Test, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called exempt property. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on Schedule C: The Property You Claim as Exempt (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

#### Chapter 11: Reorganization

+		filing fee administrative fee
	\$1,717	total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

#### **Read These Important Warnings**

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

#### Chapter 12: Repayment plan for family farmers or fishermen

\$200 filing fee

\$75 administrative fee

> \$275 total fee

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

#### Chapter 13: Repayment plan for individuals with regular income

+		filing fee administrative fee
	\$310	total fee

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

- domestic support obligations,
- most student loans.
- certain taxes,
- debts for fraud or theft,
- debts for fraud or defalcation while acting in a fiduciary capacity,
- most criminal fines and restitution obligations,
- certain debts that are not listed in your bankruptcy papers.
- certain debts for acts that caused death or personal injury, and
- certain long-term secured debts.

### Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and local rules of the court

For more information about the documents and their deadlines, go to:

http://www.uscourts.gov/bkforms/bankruptcy\_forms .html#procedure.

### Bankruptcy crimes have serious consequences

- If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury--either orally or in writing--in connection with a bankruptcy case, you may be fined, imprisoned, or both.
- All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

#### Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on Voluntary Petition for Individuals Filing for Bankruptcy (Official Form 101). To ensure you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together-called a joint case. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

### Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days before you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from:

http://justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html.

In Alabama and North Carolina, go to:

http://www.uscourts.gov/FederalCourts/Bankruptcy/Bankru ptcyResources/ApprovedCreditAndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

B2030 (Form 2030) (12/15)

# UNITED STATES BANKRUPTCY COURT SOUTHERN DISTRICT OF IOWA DES MOINES DIVISION

In	re Andrea Nicole Johnson	Case No.	
		Chapter	7
	DISCLOSURE OF COMPENSAT	ΓΙΟΝ OF ATTORNEY FOR	RDEBTOR
1.	Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b that compensation paid to me within one year before the fil services rendered or to be rendered on behalf of the debto is as follows:	ling of the petition in bankruptcy, or	agreed to be paid to me, for
	For legal services, I have agreed to accept	\$ <sup>,</sup>	1,395.00
	Prior to the filing of this statement I have received		\$785.00
	Balance Due	<u></u>	\$610.00
2.	The source of the compensation paid to me was:		
	☑ Debtor ☐ Other (specify)		
3.	The source of compensation to be paid to me is:		
	☐ Debtor ☑ Other (specify)  ARAG legal insura	ance (\$945.00)	
4.	I have not agreed to share the above-disclosed compassociates of my law firm.	ensation with any other person unle	ss they are members and
	I have agreed to share the above-disclosed compensations associates of my law firm. A copy of the agreement, to compensation, is attached.		
5.	In return for the above-disclosed fee, I have agreed to reno	der legal service for all aspects of th	e bankruptcy case, including:
	a. Analysis of the debtor's financial situation, and renderin bankruptcy;	g advice to the debtor in determining	g whether to file a petition in
	b. Preparation and filing of any petition, schedules, statem	nents of affairs and plan which may b	pe required;

c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;

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6. By agreement with the debtor(s), the above-disclosed fee does not include the following services: Representation in Adversary Proceedings, or lien avoidance actions, or defense of Motions.

#### **CERTIFICATION**

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

09/05/2018 /s/ Robert C. Gainer

Date Robert C. Gainer
Cutler Law Firm
1307 50th St.

West DSM, IA 50266

Phone: (515) 223-6600 / Fax: (515) 223-6787

Bar No. IS8884971

/s/ Andrea Nicole Johnson

Andrea Nicole Johnson

# UNITED STATES BANKRUPTCY COURT SOUTHERN DISTRICT OF IOWA DES MOINES DIVISION

IN RE: Andrea Nicole Johnson CASE NO

CHAPTER 7

### **VERIFICATION OF CREDITOR MATRIX**

	The above named Debtor hereby ve	erifies that the att	ached list of credito	ors is true and correc	ct to the best of his	s/her
knowl	ledge.					

Date <sub>-</sub>	9/5/2018	Signature <sub>-</sub>	/s/ Andrea Nicole Johnson
		4	Andrea Nicole Johnson
Date		Signature _	
		ga.ta	